FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041387 (0)

ANCHOR CAFE', INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



JACKSONVILLE FL 32210		JACKSONVILLE FL 32210-7733					
					3. Date incorporated or Qualified 3a. Date of Last Report 06/07/1993 06/04/1996		ort
2. Principa! Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applie	ed For
21		26			59-3188845		pplicable
22	ot #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add Fee Requi	
City & St	tate	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
Ζφ	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No		
24	25	29	30	····			
	9. Name and Address of Cur	rent Registered Agent	. 81		10. Name and Address of New Re	Jistered Agent	
	AWSON, HAL I		· 81	Name			
	272 103RD STREET		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	/**
JA	ACKSONVILLE FL 32210					·····	
			83				
			84	City		FL 85 Zip Coo	de
11. Pursua	nt to the provisions of Sections 607.0	0502 and 607.1508. Florida Sta	tutes, the above	-named corr	poration submits this statement for the p	urnose of changing its re	egistered
office o	or registered agent, or both, in the SI	ate of Florida. Such change wa	as authorized by	the corporal	tion's board of directors. I hereby accep	it the appointment as reg	stered
		rigations of, Section 607.0305,	rionoa Statutes	i.			
SIGNATUR	5 grature, typed or postered name of tog-stered	agent and tille if applicable (f)	NOTE: Registered Age	nt signature requi	red when reinstaling)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS II	N 12
Dit	P	DELETE	1.1 TITLE			Change	Addition
NAME	DAWSON, HAL I		1,2 NAME	}		•	
STREET ADDRES	**** *****		1.3 STREET	ADDRESS			
CHY-SI-ZIP	JACKSONVILLE FL 32210		1.4 CITY- S		•		
THE	V	XX DELETE	2 1 TITLE	- 211		Change C	Addition
NAME	SEROKEE, BARBARA L		22 NAME	}			
STREET ADDRES	AAAA CONCATT DI		2.3 STREET	ADDOCCC			
	JACKSONVILLE FL 32244			l l			
CITY - ST - ZIP TITLE	S	XX DELETE	2. 4 CiTY - 9 3.1 T(TLE	1-ZIP		☐ Change ☐	Addition
		AM DECEM		-		Land Assemble L	
NAME	DAWSON, MARY E 641 CAHOON RD.		3.2 NAME	1000000			
STREET ADDRES			3.3 STREET				
CHY-ST-ZIP	JACKSONVILLE FL 32220	DELETE	3.4. C/TY - S	T-ZIP		Change	Addition
TOTALE	ļ	ت مددداد	4.1 TITLE			C charge L	Nontrol
NAME	İ		4. 2 NAME				
STREET ADDRES	SS		4.3 STREET				
CHY-ST ZIP		DELETE	44 CITY-S	1 - ZIP		T Change	Addition
THLE		[DELETE	5 1 TITLE			Change	MGUILIUN
NAM:			52 NAME				
STREET ADDRES	·S		5 3 STREET	Y			
CE.A. 21 SE.		TT Balana	5.4 CITY - S	T-ZiP		[] A	A allis = -
THUE		☐ DELETE	6.1 TITL€			Change [Addition
NAME			6.2 NAME	-			
STREET AFORES	55		6.3 STREET	ADDRESS			
CITY - ST - 26			6.4 CiTY-S				
14. 1 do he	reby certily that the information supp	olige with this filing does not qu	alify for the exe	mption stated	d in Section 119.07(3)(i), Florida Statute:	 I further certify that the 	

Inform at on indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the coeron of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargett, if an an attachment with an address. I. Dawson, President 4-4-97 904-779-6772

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR