

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 AM 8:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000043059 (3)

1. Corporation Name

NICK'S FAMILY RESTAURANT OF PINELLAS COUNTY, INC

Principal Place of Business

**5701 CENTRAL AVE
ST PETERSBURG FL 33710**

Mailing Address

**5701 CENTRAL AVE
ST PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-3188242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

24

Country

25

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIEFNER, JOHN R JR
100 2ND AVE S
NORTH TOWER SUITE 400
ST PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

WILLIAMS, MONIQUE B

STREET ADDRESS

14053 80TH AVE N

CITY - ST - ZIP

SEMINOLE FL

11 TITLE

P, V, T, S

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

VP

NAME

WILLIAMS, LAURENCE

STREET ADDRESS

14053 80TH AVE N

CITY - ST - ZIP

SEMINOLE FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or 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 or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Monique B. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monique B. Williams

(Date)

4/17/94

813-381-5041
(Daytime Phone #)