

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PH 3: 59

DOCUMENT # P93000054603 (4)

1. Corporation Name

SUN CITY BUFFET, INC.

Principal Place of Business

**3074 COLLEGE AVENUE S.E.
RUSKIN FL 33570
US**

Mailing Address

**373 BRADEN AVENUE
SUITE 201
SARASOTA FL 34243
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

05/13/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3074 College Ave SE**

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30** **33570**

4. FEI Number

65-0428263

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

9. Name and Address of Current Registered Agent

**MAY, J. WILLIAM
462 ISLAND CIRCLE
SARASOTA FL 34242**

10. Name and Address of New Registered Agent

81 Name

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

1899 Buccaneer Circle, Sarasota, FL 34231

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

J. William May

3/17/95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **OSWALD, KENNETH F**
STREET ADDRESS **600 COURTLAND ST., SUITE 110**
CITY - ST - ZIP **ORLANDO FL 32804**

TITLE **P**
NAME **HUTCHENS, BRETT**
STREET ADDRESS **7687 DONALD ROSS ROAD WEST**
CITY - ST - ZIP **SARASOTA FL 34240**

TITLE **V**
NAME **MAY, J. WILLIAM**
STREET ADDRESS **462 ISLAND CIRCLE**
CITY - ST - ZIP **SARASOTA FL 34242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**1899 Buc near Circle
Sarasota, FL 34231**

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. William May

March 17, 1995

(813)641-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone