FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:59

DOCUMENT # P93000059613 (8)

1. Corporation Name
SEBRING BUFFET, INC.

Principal Place of Business	Mailing Address
1000 SEBRING SQUARE SEBRING FL 33870 US	373 BRADEN AVENUE SUITE 201 SARASOTA FL 34243 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 3074 College Ave SE
27 Suite, Apt. #, etc.
28 City & State: Ruskin, FL
29 Zip: 33570
30 Country

4. FEI Number: 65-0434362 ☐ 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
83
84 City: Sarasota FL 85 Zip Code: 34231

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 DATE: March , 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	OSWALD, KENNETH F	1.2 NAME	
STREET ADDRESS	600 COURTLAND STREET, SUITE 110	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHENS, BRETT	2.2 NAME	
STREET ADDRESS	7667 DONALD ROSS ROAD WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	MAY, J. WILLIAM	3.2 NAME	
STREET ADDRESS	462 ISLAND CIRCLE	3.3 STREET ADDRESS	1899 Buccaneer Circle
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 3/17/95 (813) 641-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

0348108 CP