P93000063827

**DOCUMENT #** 1. Entity Name

STOUTS JEWELL RESTAURANT, INC.

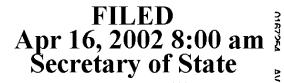
Principal Place of Business 8349 OVERSEAS HWY MARATHON FL 33050

US

Mailing Address

8349 OVERSEAS HWY MARATHON FL 33050

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



04-16-2002 90124 037 \*\*\*150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. [	El Number 65-0436594			pplied For	]
										ot Applicable	4
Zip		Country	Zip Country		ntry	5. (				75 Additional Required	
	6. Name a	nd Address of Current Re	gistered Agent			7. N	lame and Address of New F	Registered A	gent		
GREENMAN, FRANKLIN D P.A. 5800 OVERSEAS HIGHWAY				Name Street Address (P.O. Box Number is Not Acceptable)						1	
SUITE 40											7
MARATHON FL 33050				City Zip Code						1	
The above no	amed entity	cultimite this statement for th	e nurnose of changing it	te register	ed office or r	egistered ag	ent, or both, in the State of Flo	orida	1		1
6. The above	amed entity :	submits this statement for th	e purpose of changing f	is register	eu onice or r	egistered ag	ent, or both, in the state of Fit	onda.			
SIGNATURE	gnature, typed or	printed name of registered agent and	title if applicable. (NC	DTE: Registere	ed Agent signature	required when re	sinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D				will be \$55	0.00	10. Election Campaign Fir Trust Fund Contributio		<b>\$5.0</b> Adde	00 May Be	}	
11.		OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	]_
STREET ADDRESS 5	URRY, RIC	TREET, OCEAN	☐ Delete						□ Change	☐ Addition	2F034 (9/01)
STREET ADDRESS 5	URRY, SU	TREET, OCEAN	□ Delete	ll l					□ Change	☐ Addition	$\neg \alpha$
TITLE NAME STREET ADDRESS	992-42-4		☐ Delete	TITL					Change	☐ Addition	
CITY-ST-ZIP				ll l	-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STR8	E				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	ll ll	··				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	II '	i				☐ Change	☐ Addition	
indicated or	n this report (	or supplemental report is tru	e and accurate and that	: my signa	ture shall hav	e the same I	119.07(3)(i), Florida Statutes. egal effect as if made under da Statutes; and that my nam	oath: that I an	n an office	r or director	1

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: