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
95 JUL -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000065269 (1)**

1. Corporation Name

SOUTHERN GRILLES, INC.

Principal Place of Business	Mailing Address
1415 TIMBERLANE RD STE 215 TALLAHASSEE FL 32312 US	1237 FOREST AVE. NEPTUNE BCH FL 32266 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 04/15/1994

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

2a. Mailing Address
26: 1415 Timberlane Rd
Suite, Apt. #, etc.
27: 215
City & State
28: Tallahassee, FL 32312
Zip / Country
29 / 30:

4. FEI Number: 59-3202434 ☐ 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

KEASLER, FRANK R JR.
4655 SALISBURY RD.
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

01 Name: Preben Johansen
02 Street Address (P.O. Box Number is Not Acceptable): 1415 Timberlane Rd., Suite 215
03:
04 City: Tallahassee **FL** 05 Zip Code: 32312

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 X _____ 7-5-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D,P,S,T. ☒ Change ☐ Addition
NAME	COLE, KATHLEEN S	1.2 NAME	Johansen, Preben
STREET ADDRESS	1237 FOREST AVE.	1.3 STREET ADDRESS	1415 Timberlane Rd., Suite 215
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHANSEN, PREBEN	2.2 NAME	
STREET ADDRESS	1415 TGIMBERLANE RD, STE 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: Kathleen S. Cole KATHLEEN S. COLE 5/30/95 (904)246-0319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

x _____ 6/30/95 904-893-8733

0028117 CP