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
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071052 (3)**

1. Corporation Name
TRIPLE J RESTAURANT COMPANY

Principal Place of Business	Mailing Address
4085 SR 60 W MULBERRY FL 33860	4085 SR 60 W MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3209465 ☐ 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

JOHNSON, ERIC J
4085 SR 60 W
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name: DAVIS, TOM
82 Street Address (P.O. Box Number is Not Acceptable): 4085 SR 60 W
83
84 City: MULBERRY FL 85 Zip Code: 33860

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: Karen Davis KAREN DAVIS President 7/17/95
(If changing registered office/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	PTD	11 TITLE	President	☑ Change ☐ Addition
NAME	JOHNSON, ERIC J	12 NAME	DAVIS, KAREN	
STREET ADDRESS	4085 SR 60 W	13 STREET ADDRESS	4085 SR 60 W	
CITY ST ZIP	MULBERRY FL 33860	14 CITY ST ZIP	MULBERRY, FL. 33860	
TITLE	S	21 TITLE	Vice President	☑ Change ☐ Addition
NAME	WILLIAMS, JANET P	22 NAME	DAVIS, TOM	
STREET ADDRESS	4085 SR 60 W	23 STREET ADDRESS	4085 SR 60 W	
CITY ST ZIP	MULBERRY FL 33860	24 CITY ST ZIP	MULBERRY FL, 33860	
TITLE	V	31 TITLE		☑ Change ☐ Addition
NAME	JOHNSON, DAVID E	32 NAME		
STREET ADDRESS	4085 SR 60 W	33 STREET ADDRESS		
CITY ST ZIP	MULBERRY FL 33860	34 CITY ST ZIP		
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	JOHNSON, RUTH H	42 NAME		
STREET ADDRESS	4085 SR 60 W	43 STREET ADDRESS		
CITY ST ZIP	MULBERRY FL 33860	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Tom Davis — 6/12/95 — 625-5749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317597 CP