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

APPROVED AND FILED
95 MAY -1 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072037 (3)**

1. Corporation Name
STUDIO RESTAURANTS, CO.

Principal Place of Business
14401 NORTH DALE MABRY HWY.
TAMPA FL 33618

Mailing Address
14401 NORTH DALE MABRY HWY.
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1993**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26 14499 N. Dale Mabry Hwy.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27 Suite 230
City & State — 23
City & State — 28 Tampa, FL
Zip — 24
Country — 25
Zip — 29 33618
Country — 30 Hillsborough

4. FEI Number: ~~59-3207332~~ 59-3207372 — 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
FINERTY, DEBORAH M
14401 NORTH DALE MABRY HWY.
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name: Steven K. Winegar
82 Street Address (P.O. Box Number is Not Acceptable): 14499 N. Dale Mabry, Suite 230
83
84 City: Tampa FL — 85 Zip Code: 33618

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: S.K. Winegar — S.K. Winegar — 4/25/95
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINERTY, DEBORAH M
STREET ADDRESS	14401 NORTH DALE MABRY HWY.
CITY ST ZIP	TAMPA FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	President	X Change ☐ Addition
1.2 NAME	Steven K. Winegar	
1.3 STREET ADDRESS	14499 N. Dale Mabry, Ste 230	
1.4 CITY ST ZIP	Tampa, FL 33618	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 hereof, or on an attachment with an address.

SIGNATURE: S.K. Winegar — S.K. Winegar — 4/25/95 — (813)969-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200073 CP