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 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072466 (4)

1. Corporation Name

SANDWICH BAY CAFE, INC.

200001481192
-05/09/95--01105--020
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
222 APOLLO BEACH BLVD APOLLO BEACH FL 33572	222 APOLLO BEACH BLVD APOLLO BEACH FL 33572

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-3205554 ☐ 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

KOBRYN, MARYANN
222 APOLLO BEACH BLVD
APOLLO BEACH FL 33572

* Robert M. Quinn

10. Name and Address of New Registered Agent

81 Name: ROBERT W. QUINN
82 Street Address (P.O. Box Number is Not Acceptable): 1037 APOLLO BEACH BLVD
83: APT. A
84 City: APOLLO BEACH — FL — 85 Zip Code: 33572

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: Robert M. Quinn — Robert W. Quinn — 4-28-95
Signature, typed or printed name of registered agent (Required) — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ROO, ROSEMARIE M	12 NAME	
STREET ADDRESS	3219 SHELL POINT DR W	13 STREET ADDRESS	DELETE
CITY-ST-ZIP	RUSKIN FL 33570	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KOBRYN, MARYANN	22 NAME	
STREET ADDRESS	3625 SAN PEDRO	23 STREET ADDRESS	DELETE
CITY-ST-ZIP	TAMPA FL 33629	24 CITY-ST-ZIP	
TITLE		31 TITLE	P/D ☐ Change ☒ Addition
NAME		32 NAME	ROBERT W. QUINN
STREET ADDRESS		33 STREET ADDRESS	1037 APOLLO BEACH BLVD APT. A
CITY-ST-ZIP		34 CITY-ST-ZIP	APOLLO BEACH, FL. 33572
TITLE		41 TITLE	V/P/T/S/D ☐ Change ☒ Addition
NAME		42 NAME	ANN M. QUINN
STREET ADDRESS		43 STREET ADDRESS	1037 APOLLO BEACH BLVD. APT. A
CITY-ST-ZIP		44 CITY-ST-ZIP	APOLLO BEACH, FL. 33572
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	AP T S/T
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: * Robert M. Quinn — 4/28/95 — 813-645-2055
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
ROBERT W. QUINN

0288617 CP