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 3:44
[illegible] FLORIDA

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-05/12/95--01136--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Corporation Name

P93000075867 (0)

BUBBA'S ROADHOUSE, INC.

Mailing Address

708 FISHERMAN'S WHARF
FORT MYERS BEACH FL 33931

708 FISHERMAN'S WHARF
FORT MYERS BEACH FL 33931

21		26	7181 College Parkway
22	Suite, Apt. #, etc.	27	Suite 38
23	City & State	28	Ft. Myers
24	Zip / Country	29	Zip 33907 / Country

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number — Applied For / Not Applicable

5. Corporation Status Desired 11/03/1993 — 08/02/1994 — $0.75 Additional Fee Required

6. Trust Fund Contribution 37-4627835 — $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

KNOX, DOUGLAS J
708 FISHERMAN'S WHARF
FORT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. [illegible] 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	PDS	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	KNOX, DOUGLAS J 708 FISHERMAN'S WHARF FORT MYERS BEACH FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

CH

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 110.072(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 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Douglas Knox 4/27/95 813-277-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #