

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082503 (2)

1. Corporation Name

WILLIAMS RESTAURANT GROUP OF SEVEN SPRINGS, INC.



Principal Place of Business

Mailing Address

4100 LITTLE ROAD
SEVEN SPRINGS FL 34689
US

409 WATERFORD CIRCLE EAST
TARPON SPRINGS FL 34689

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

PEARSE, RICHARD L JR
814 CHESTNUT STREET
CLEARWATER FL 34616

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	WILLIAMS, EDWARD T	
STREET ADDRESS	409 WATERFORD CIRCLE EAST	
CITY, ST, ZIP	TARPON SPRINGS FL 34689	
TITLE	D	☐ DELETE
NAME	WILLIAMS, KELLY S	
STREET ADDRESS	409 WATERFORD CIRCLE EAST	
CITY, ST, ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. 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 form and report or supplement and 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 registered or trusted 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: *Kelly S Williams* KELLY S WILLIAMS VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

813-938-6053

CR2E034 (12/95)