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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085950 (2)

1. Corporation Name

T & T RESTAURANT ENT. OF JACKSONVILLE, INC.



Principal Place of Business

14750 BEACH BLVD.
UNIT 46
JACKSONVILLE BEACH FL 32250

Mailing Address

14750 BEACH BLVD.
UNIT 46
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
05/16/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, TIMOTHY P
14750 BEACH BLVD.
UNIT 46
JACKSONVILLE BEACH FL 32250

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 607.0502 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

Signature typed or printed name of person being appointed as registered agent

Signature typed or printed name of person being appointed as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME HALL, TIMOTHY P
STREET ADDRESS 14750 BEACH BLVD UNIT 46
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

VP
NAME HALL, TIMOTHY P JR
STREET ADDRESS 14750 BEACH BLVD #46
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 power 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 attached statement with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY P. HALL 4/24/96 904 223 7894

CR2E034 (12/95)