FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P94000014069 (6)**

1. Corporation Name

PARADISE CAFE OF ST. GEORGE ISLAND, INC.

Principal Place of Business	Mailing Address
H.C.R. BOX 21 ST GEORGE ISLAND FL 32328	H.C.R. BOX 21 ST GEORGE ISLAND FL 32328

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 HCR Box 205	26 HCR Box 205
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 St. George Isl FL	City & State 28 St. George Isl FL
Zip 24 32328 Country 25 Franklin	Zip 29 32328 Country 30 Franklin

4. FEI Number: 59-3221566 ☐ 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

BLACKBURN, JUDY P.
HCR BOX 205
ST. GEORGE ISLAND FL 32328

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. 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	BLACKBURN, BRIAN K.	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	S	☐ DELETE
NAME	BLACKBURN, BRADELY R.	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	P	☐ DELETE
NAME	BLACKBURN, BILLY G. JR.	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	VP	☐ DELETE
NAME	BLACKBURN, JUDY P.	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Judy P. Blackburn Judy P. Blackburn 4-30-96 904/927-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #