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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

H.C.R. BOX 21  
ST GEORGE ISLAND FL 32328

Mailing Address

H.C.R. BOX 21  
ST GEORGE ISLAND FL 32328



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

81. Name

PAUL W. LINCOLN

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

332 HOWARD ST

83

ST. GEORGE ISLAND

84

City

EAST POINT

FL

85

Zip Code  
32328

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]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/97  
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, BRADLEY 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	P.	DELETE
NAME	MARY GRIFFIN	
STREET ADDRESS	1823 GULF BEACH DR	
CITY - ST - ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	VP	DELETE
NAME	MARK WILBANKS	
STREET ADDRESS	641 GULF BEACH DR	
CITY - ST - ZIP	ST. GEORGE ISLAND, FL 32328	

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		

14. I do hereby certify that the information supplied with this filing 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 804-927-2806  
Date Daytime Phone #

CR2E034 (9/96)