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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000022042 (3)

1. Corporation Name

THE OLD ROAD CAFE CORPORATION

Principal Place of Business

RT. 6, BOX 408
SUMMERLAND KEY FL 33042

Mailing Address

RT. 6, BOX 408
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/22/1994

4. FEI Number

Applied For

Not Applicable

65-0469850

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

2. Principal Place of Business

2a. Mailing Address

21 21611 OLD STATE RD.

26 P.O. BOX 421215

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

CUDJOE KEY, FL

28 City & State

SUMMERLAND KEY, FL

24 Zip

33042

25 Country

FLORIDA

29 Zip

33042

30 Country

FLORIDA

9. Name and Address of Current Registered Agent

POLICHT, LISA M
RT. 6, BOX 408
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

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

21611 OLD STATE ROAD 4A

83

84 City

CUDJOE KEY

FL

85 Zip Code

33042

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME POLICHT, LISA M
STREET ADDRESS RT. 6, BOX 408
CITY - ST - ZIP SUMMERLAND KEY FL 33042

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

TITLE CEO
NAME POLICHT, LISA M
STREET ADDRESS RT. 6, BOX 408
CITY - ST - ZIP SUMMERLAND KEY FL 33042

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ST
NAME ARTIGUE, LESLIE
STREET ADDRESS RT. 2, BOX 596K
CITY - ST - ZIP SUMMERLAND KEY FL 33042

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

LISA M. POLICHT

4-20-95 305-745-8800

Date

Signature #