FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034199

1. Corporation Name

Semco Restaurant Corp.

Principal Place of Business / Mailing Address

5430 Treadway Drive
Port Richey, FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/3/94	3a. Date of Last Report: 5/94
2. Principal Place of Business 21: see above	2a. Mailing Address 26: see above
Suite, Apt #, etc 22:	Suite, Apt #, etc 27:
City & State 23:	City & State 28:
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 59-3246458	☐ 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

Gary Spinelli
5430 Treadway Drive
Port Richey, FL 34668

10. Name and Address of New Registered Agent

81 Name: Louise Mangiameli
82 Street Address (P.O. Box Number is Not Acceptable): 5430 Treadway Drive
83:
84 City: Port Richey FL 85 Zip Code: 34668

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: X Louise Mangiameli — Louise Mangiameli
(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 / NAME / STREET ADDRESS / CITY ST ZIP	D Gary Spinelli P.O. Box 604 Port Richey, Fl 34673-0604	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D, P, T, S Louise Mangiameli 4150 Marine Parkway New Port Richey, FL 34652 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Louise Mangiameli 4150 Marine Parkway New Port Richey, FL 34652	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition 800001475368 -05/04/95--01025--025 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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: X Louise Mangiameli — Louise Mangiameli — 5/3/95 — 813/845-4845
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number