## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

2000



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Corporation Name

City & State

Zip.

24

P94000055618

JACKSONVILLE RESTAURANTS, INC. Principal Place of Business Mailing Address 147 DELTA DR 147 DELTA DR PITTSBURGH PA 15238 PITTSBURGH PA 15238 2a. Mailing Address 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27

28

Country

TODD A. DELLIGATTI

INDIATLANTIC, FL

1900 CENTERBURY DRIVE

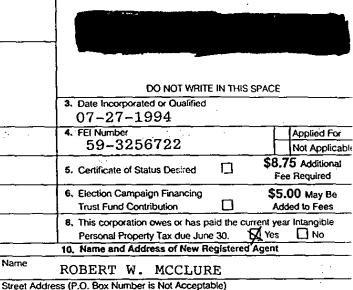
9. Name and Address of Current Registered Agent

City & State

Zip

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90802 001 \*\*\*750.00



25040 GOLDCREST DRIVE

BONITA SPRINGS

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 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. with, and accept the obligations of Section 607.0005, Florida Statutes. DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 Change DELETE 1.1 TITLE TITLE DELLIGATTI, ELEANOR 1.2 NAME NAME 147 delta dr 1.3 STREET ADDRESS STREET ADDRESS PITTSBURGH PA 1.4 CITY-ST-ZIP CITY-ST-ZIP Additio Change DELETE 21 TITLE TITLE HUBERT, DANIEL E 2.2 NAME 147 DELTA DR. 2.3 STREET ADDRESS STREET ADORESS PITTSBURGH PA 2.4 CTY-5T-72 CITY-ST-ZE Change Additi-DELETE 3.1 TITLE TILE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Additi-Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CTTY - ST - ZVP CITY-ST-ZIP Additi Change DELETE 5.1 mile TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addit Change DELETE TELL 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

Country

81

82

83

84 City

Name

30

14. I hereby certify that the information supplied with this filling 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: 🗷

DANIEL E. HUBERT, TREASURER