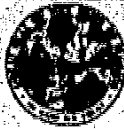


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000081871 (3)

1. Corporation Name

TASTY BURGER OF FLORIDA, INC.

Principal Place of Business

**2321 S RIDGEWOOD AVE
EDGEWATER FL 32141**

Mailing Address

**2321 S RIDGEWOOD AVE
EDGEWATER FL 32141**

**APPROVED
AND
FILED**
95 APR 28 PM 2:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

NEW

4. FEI Number

59-3282766

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. 198.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARDER, JAMES C
2321 S RIDGEWOOD AVE
EDGEWATER FL 32141**

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
D
NAME
CARDER, JAMES C
STREET ADDRESS
2321 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32141

1.1 TITLE
President
1.2 NAME
James C. Carder
1.3 STREET ADDRESS
2321 S. Ridgewood Ave.
1.4 CITY-ST-ZIP
Edgewater, FL 32141

☐ Change ☒ Addition

TITLE
D
NAME
CARDER, JAMES C
STREET ADDRESS
2321 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32141

2.1 TITLE
VP
2.2 NAME
Rosemary Carder
2.3 STREET ADDRESS
2321 S. Ridgewood Ave.
2.4 CITY-ST-ZIP
Edgewater, FL 32141

☐ Change ☒ Addition

TITLE
D
NAME
CARDER, JAMES C
STREET ADDRESS
2321 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32141

3.1 TITLE
D
3.2 NAME
CARDER, JAMES C
3.3 STREET ADDRESS
2321 S RIDGEWOOD AVE
3.4 CITY-ST-ZIP
EDGEWATER FL 32141

☐ Change ☐ Addition

TITLE
D
NAME
CARDER, JAMES C
STREET ADDRESS
2321 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32141

4.1 TITLE
D
4.2 NAME
CARDER, JAMES C
4.3 STREET ADDRESS
2321 S RIDGEWOOD AVE
4.4 CITY-ST-ZIP
EDGEWATER FL 32141

☐ Change ☐ Addition

TITLE
D
NAME
CARDER, JAMES C
STREET ADDRESS
2321 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32141

5.1 TITLE
D
5.2 NAME
CARDER, JAMES C
5.3 STREET ADDRESS
2321 S RIDGEWOOD AVE
5.4 CITY-ST-ZIP
EDGEWATER FL 32141

☐ Change ☐ Addition

TITLE
D
NAME
CARDER, JAMES C
STREET ADDRESS
2321 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32141

6.1 TITLE
D
6.2 NAME
CARDER, JAMES C
6.3 STREET ADDRESS
2321 S RIDGEWOOD AVE
6.4 CITY-ST-ZIP
EDGEWATER FL 32141

☐ 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James C. Carder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

904-427-9556

Date

Telephone #