

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000081871 (3)**

1. Corporation Name

**TASTY BURGER OF FLORIDA, INC.**

**FILED**  
**Apr 24, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business

**2321 S RIDGEWOOD AVE  
EDGEWATER FL 32141  
US**

Mailing Address

**2321 S RIDGEWOOD AVE  
EDGEWATER FL 32141  
US**

3. Date Incorporated or Qualified <b>11/07/1994</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-3282766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDER, JAMES C	1.2 NAME	James C. Carder, Jr.
STREET ADDRESS	2321 S RIDGEWOOD AVE	1.3 STREET ADDRESS	2122 Willow Oak Dr.
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	Edgewater, FL 32141
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP & Secy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARY CARDER	2.2 NAME	Rosemary Carder
STREET ADDRESS	2321 S. RIDGEWOOD AVE.	2.3 STREET ADDRESS	2321 S. Ridgewood Ave., Edgewater
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	FL 32141
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dale B. Carder, V.P.
STREET ADDRESS		3.3 STREET ADDRESS	1001 S. Orlando Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rosemary Carder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/96* *904-427-9536*  
Date Daytime Phone #

CR2E034 (12/95)