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

CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000005746 (9)

S.P.W. RESTAURANT GROUP INC.

FILED Apr 23 1998 8:00am Secretary of State



					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		
Principal Place of Business Mailing Address						NIOS OLICO SOBIL DIE	
3720 NW 13T	H STREET	3720 NW 13TH STREET	3720 NW 13TH STREET				
GAINESVILLE		GAINESVILLE FL 32609			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified) OF AUL	
					01/23/1995		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	- Ap	plied For
21		26			59-3330787		t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	.,,,,,,			\$8.75 A	Additional
22		27	27		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution		
Zip	Country	Ζφ	Count		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Property Tax		
24	25	29	30]		Personal Property Tax due June 30. 10. Name and Address of New Registered		1 NO
<u></u>	9. Name and Address of Curre	mi Registered Agent	81 Name	10. Italiie allu Audiese Vi Itaw Pagistale	2 Agoilt		
REGAN, DONALD J							
1025 6W 81 DRIVE				82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 82607				<u> ሃ</u>	ZI NW 36 DR		
			ľ	•			
			Ì	84 City	F	85 Zip (Code
44 5 5	to the second continue con the	00 and 007 1509 Florida Ctalut	on the ob	aug period of	orporation submits this statement for the purpose		e registered
office or n	egistered agent, or both, in the Stat	te of Horida, Such change was a	oration's board of directors. I hereby accept the ap	opointment as	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 a	ANCH	F. Specialization	Angel signalure re	equired when reinstating) DATE		
12.		ND DIRECTORS	13.	Agent agrence te	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 10	LE		Change	Addition
NAME	REGAN, DONALD J		1.2 NA	ME	- 4	•	
STREET ADDRESS	4025 9W 61 DRIVE		1.3 S1	REET ADDRESS	4421 NW 36 DR		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CH	Y-ST-ZIP	3	12605	
TITLE	10	DELETE	2.1 TIT	LE.		C hange	Addition
NAME	REGAN, LAURE K.		2.2 NA	ME	24.50		
STREET ADDRESS	RESS MALENTE		2.3 STREET ADDRESS		4421 NW 36 DR		.
CITY-ST-ZIP	GAINESVILLE FL		2.401	TY-ST-ZIP		32605	
TITLE	VP	DELETE	3.1 7(7	LE		Change	Addition
NAME	YOUNG, DONALD G		3.2 NA	ME			ŀ
STREET ADDRESS	110 NE 5TH AVE		3.3 STI	REET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL			TY-ST-ZIP			
TITLE	VP	☐ DELET E	4.1 111			Change	Addition
NAME	AKEY, MICHAEL J		4. 2 N/				
STREET ADDRESS	7623 SW 10TH AVE			REET ADDRESS			ŀ
CITY-ST-ZIP	GAINESVILLE FL	- Cryste		Y-ST-ZIP		Change	Addition
TITLE	S AMEN MELIOCA A	☐ DELETE	5.1 111			□1 cuands	L_J AUGURON
NAME	AKEY, MELISSA A		5.2 NA				İ
STREET ADDRESS	7623 SW 10TH AVE			REET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE		Y-ST-ZIP		Change	Addition
TITLE		☐ htreu	6.1 TIT			□ change	L Addition
NAME			6.2 NA				
STREET ADDRESS				REET ADDRESS			!
CITY-ST-ZIP			6.4 011	Y-\$T-ZIP			

14. I hereby certify that the information supplied with this filing 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 supplied 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.