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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029015 (1)

BACKBAY RESTAURANT, INC.

FILED May 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
1807 HIGHWAY VALRICO FL 3	Y 60 EAST	1807 HIGHWAY 60 EAST VALRICO FL 33594-3623	•				
	_				3. Date Incorporated or Qualified 04/07/1995	3a. Date of I	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3305020		Not Applicable
Sulte, Apt. #, etc.		27			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Stat	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Coun	lry	8. This corporation has liability for in		nder s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		31 Name	10. Name and Address of New Rec	istered Agent	
	RRY, CLIFTON C JR.			I Name			
	W. LUMSDEN ROAD		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
BRA	ANDON FL 33611		83				
			ε	34 City		FL 85	Zip Code
11. Pureuant	to the provisions of Sections 607.050	12 and 607 1509 Florida Stati	ites the sho	l ave-named cor	noration submits this statement for the nu		ning ite registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was lations of, Section 607.0505, F	authorized Torida Statu	by the corpora les.	poration submits this statement for the pr ation's board of directors. I heroby accep	t the appointme	ent as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	TE Registered /	Agoril signature requ	ured when reinstating)	DATE	······································
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	
TITLE	D	☐ DELETE	1.1 TITL	f		Cr	nange Addition
NAME	POSTON, JAYE D		1,2 NAV	16	•		
STREET ADDRESS	615 STONE ROAD		1.3 STRE	EET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510	——————————————————————————————————————		'-ST-ZIP			-
TITLE	D	DELETE	2.1 THL	1			nange [_] Addition
NAME	POSTON, BETTE FAY D		2.2 NAM	\ \ \			
STREET ADDRESS	615 STONE ROAD			EFT ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			Y-ST-ZIP		——————————————————————————————————————	
TITLE		☐ DELETE	3 1 7(1)	- 1		□ C	nange [_] Addition
NAME			3.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE		Y-S1-ZIP		[] Ct	ange Addition
TITLE	{	L.J DELCIE	4.1 TITL	l		니	iango [] Muui(IUI)
NAME			4 2 NAM				
STREET ADDRESS	•			EET ADORESS			
CITY-ST-ZIP		T DELETE		- S1 - ZIP		☐ CH	ange Addition
TITLE		L_J DELETE	5.1 TOU				nange Addition
NAME OTOGET ADDRESS			5.2 NAM				
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP		DELETE		'-ST-ZIP		□ CI	nange
TITLE		☐ breceit	6.1 Till				ionge 👝 Audillon
NAME			6.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	Ī		6.4 CITY	'- S1 - 7IP			

14. I do 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 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.