

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 # P95000047018 (3)

1. Corporation Name

CASUAL ROOM, INC.



Principal Place of Business

6 BLANDING BLVD.
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 41285
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9501-67 Arlington Express

Suite, Apt. #, etc.

4. FEI Number

59-3323880

Applied For

Not Applicable

22 City & State

23 JACKSONVILLE FL

27 City & State

28 JACKSONVILLE FL

24 32225 25 Country

29 32225 30 Country

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. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINN, CLINTON
6 BLANDING BLVD.
ORANGE PARK FL 32073

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

W. Dutch Amburge President

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-10-96

12. OFFICERS AND DIRECTORS

11 D ☐ DELETE
NAME QUINN, CLINTON
STREET ADDRESS 6 BLANDING BLVD.
CITY-ST-ZIP ORANGE PARK FL 32073

12 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

W. Dutch Amburge President 2-10-96 (904) 724-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)