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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000048351 (7)**

1. Corporation Name

HILLSBOROUGH RESTAURANT GROUP, INC.

Principal Place of Business	Mailing Address
% JOHN CHIGOS 901 HAMMOCK PINES BLVD. CLEARWATER FL 34621	% JOHN CHIGOS 901 HAMMOCK PINES BLVD. CLEARWATER FL 34621

3. Date Incorporated or Qualified: 06/21/1995
3a. Date of Last Report: n/a

2. Principal Place of Business
21 217 S. Dale Mabry
Suite, Apt. #, etc.
22
City & State
23 Tampa, Florida
Zip 24 33609 Country 25

2a. Mailing Address
26 217 S. Dale Mabry
Suite, Apt. #, etc.
27
City & State
28 Tampa, Florida
Zip 29 33609 Country 30 Hills.

4. FEI Number: 59-3321147 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHIGOS, JOHN
901 HAMMOCK PINES BLVD.
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: John Chigos
82 Street Address (P.O. Box Number is Not Acceptable): 217 S. Dale Mabry
83
84 City: Tampa, FL 85 Zip Code: 33609

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: John Chigos — 2/2/96
Signature of New Registered Agent, if changing — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIPPAS, PETER 901 HAMMOCK PINES BLVD. CLEARWATER FL 34621	☐ DELETE xxx	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHIGOS, JOHN 901 HAMMOCK PINES BLVD. CLEARWATER FL 34621	☐ DELETE	21 TITLE: P/S/D 22 NAME 23 STREET ADDRESS: 217 S. Dale Mabry 24 CITY-ST-ZIP: Tampa, FL 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WICKENS, BRIAN 901 HAMMOCK PINES BLVD. CLEARWATER FL 34621	☐ DELETE	31 TITLE: V/T/D 32 NAME 33 STREET ADDRESS: 217 S. Dale Mabry 34 CITY-ST-ZIP: Tampa, FL 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ROBERT 901 HAMMOCK PINES BLVD. CLEARWATER FL 34621	☐ DELETE	41 TITLE: V/D 42 NAME 43 STREET ADDRESS: 217 S. Dale Mabry 44 CITY-ST-ZIP: Tampa, Fl 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: John Chigos, Pres. — 2/2/96 — (813)874-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone