

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 # P95000056445 (6)

1. Corporation Name

HILLTOP COACH DINER, INC.

Principal Place of Business

3833 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

3833 COMMERCIAL WAY
SPRING HILL FL 34606

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PSOFIMIS, LYCOURGOS
3833 COMMERCIAL WAY
SPRING HILL FL 34606

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3325846

Applied for

Not Applicable

5. Certificate of Status Desired

7

\$8.75 Additional
Fee Required

6. Election Campaign Financing

8

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

MICHAEL PSOFIMIS

82 Street Address (P.O. Box Number is Not Acceptable)

3833 COMMERCIAL WAY

83

84 City

SPRING HILL

FL

85 Zip Code

34606

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]

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PSOFIMIS, LYCOURGOS
9433 BREDDEN LANE
PORT RICHEY FL 34688

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P/O

MICHAEL PSOFIMIS

8747 LIND LANE

PORT RICHEY, FL 34668

S/O

NICHOLAS PSOFIMIS

JACKMAR DRIVE

PORT RICHEY, FL 34654

HUDSON

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.

SIGNATURE

[Signature]

PRESIDENT

CR2E034 (9/96)