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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000058185

1. Corporation Name

DUFF'S RESTAURANTS, INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90055 001 \*\*\*150.00



Principal Place	of Business	Mailing Address				{		/	JIBI (111 190)
Principal Place of Business  ➡T5A N. MISSOURI AVENUE  LARGO FL 33770  US		1415A N. MISSOURI AVENUE LARGO FL 33770 US		DO NOT WRITE	E IN THIS SE	PACE			
l						3. Date Incorporated or Qualifed 07/27/1995			
2. Principal Place of Business 21 1451-A N. Missouri Ave. 26 1451-A N. Mis			Mizs	war;	Ave	4. FEI Number 59-3325709			lied For Applicable
Suite, Apt.		Suite, Apt. #, etc		<u> </u>		5. Certificate of Status Desired		\$8.75 A	
22		27				5. Certificate of Status Desired	<u> </u>	-Fee Rec	
City & State City & State						6. Election Campaign Financing		\$5.00 N	·
23	0	28		Country		Trust Fund Contribution		Added to	Fees
Zip	, b ,			Jountry		This corporation owes the current Personal Property Tax.			□No I
24	9. Name and Address of Current	<del></del>	[30]			10. Name and Address of New Re	<del>`</del>		
	3. Name and Address 5. 55. Ten			81	Name		<u> </u>		
MCNAMARA, THOMAS P			82	Stroot Addro	ss (P.O. Box Number is Not Acceptab	le)			
2909 BAY TO BAY BLVD.			02	Street Addre	ss (F.O. Box Number is Not Acceptab	ie <i>)</i>			
SUITE 309			83						
TAMPA FL 33629			84	City	· · · · · · · · · · · · · · · · · · ·	FI	85 Zip C	ode	
	to the provisions of Sections 607.0502	1.007.4500 Ft. : 44. (	71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			and an authorite this statement for the pu	(	anaina ite ı	onieterod
office or re	egistered agent, or both, in the State of	f Florida. Such change v	vas authoriz	zed by t	-named corpo the corporation	ration submits this statement for the pro's board of directors. I hereby accept	the appointm	nent as reg	istered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505	5, Florida Si	tatutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable	(NOTE: Paget)	ered Agent	signature required	when reinstation	DATE		— i
12,	OFFICERS AND			13.	agnatore required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TITLE	D	☐ DELET		.1 TITLE			[	Change	Addition
NAME	DUFF, HOMER		13	2 NAME					-
STREET ADDRESS	1451A N. MISSOURI AVENUE		13	3 STREET.	ADDRESS				
CITY-ST-ZIP	LARGO FL 33770		14	4 CITY-ST	-ZIP				
TITLE		☐ DELET	ΓE 2.1	.1 TITLE				☐ Change	
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STREET ADDRESS			2.	2 NAME			L		☐ Addition
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			2.3						
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CITY-ST-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 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, with all other like empowered.

SIGNATURE: