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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000062726 (1)

1. Corporation Name

D.E. RESTAURANTS, INC.



Principal Place of Business

6721 SHENENGO PL
MELBOURNE FL 32934

Mailing Address

3721 SHENENGO PL
MELBOURNE FL 32934-6164

2. Principal Place of Business

21 6767 N. WICKHAM RD

Suite, Apt. #, etc.

22 400

City & State

23 MELBOURNE FL

Zip

24 32940

Country

25 U.S.A

2a. Mailing Address

26 6767 N. WICKHAM RD

Suite, Apt. #, etc.

27 400

City & State

28 MELBOURNE, FL

Zip

29 32940

Country

30 U.S.A

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

03/06/1996

4. FEI Number

59-3332255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

JOHNSON, WILLIAM A
6767 N WICKHAM ROAD
SUITE 400F
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

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

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 PVD ☐ DELETE

NAME POORE, DAVID W
STREET ADDRESS 3721 SHENENGO PL
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ST ☐ DELETE

NAME POORE, SANDRA L
STREET ADDRESS 3721 SHENENGO PL
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DAVID W. POORE
1.3 STREET ADDRESS 6118 ANCHOR LANE
1.4 CITY-ST-ZIP ROCKLEDGE FL 32955

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SANDRA L POORE
2.3 STREET ADDRESS 6118 ANCHOR LANE
2.4 CITY-ST-ZIP ROCKLEDGE FL 32955

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 500002081765
5.3 STREET ADDRESS -02/07/97--01048--053
5.4 CITY-ST-ZIP ***165.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

DAVID W. POORE 1-29-97 407-259-2934

CR2E034 (9/96)