## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporatio	MENT # P950 R MAGNOLIA'S GRILLE, I	00062791 (! nc.	5)		! 1883/881 /KB 78887 BINI 88/H 88/H	i <b>20</b> 411 <b>Ba</b> hla Anna Ara	lf 1 <b>8810 10</b> 101 filma 1001
Principal Place	e of Business	Mailing Address					
2890 WEST BAY DRIVE BELLEAIR BLUFFS FL 34640		2890 WEST BAY DRIVE BELLEAIR BLUFFS FL 34640			-		
					3. Date Incorporated or Qualified 08/15/1995	3a. Date of La	ıst Report
····	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
Suite, Apt. #, etc.		26			59-333038	2	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & State	<del></del>	City & State			Election Campaign Financing     Trust Fund Contribution	\$!	5.00 May Be
Zip <b>24</b>	Country	Zip	Country		3. This corporation has liability for i		ers 199.032,
24	[25] 9. Name and Address of Curro	29	30	ĺ	Florida Statutes 🔲 Yes	□] No	
····	o, really and really and of our	ant negistered Agent	81 \	1) Name	). Name and Address of New R	egistered Agent	
JOHNS	ON, ERIC F						
	EST BAY DRIVE		82 S	Street Address (	P.O. Box Number is Not Acceptable	0)	
BELLEA	ir Bluffs fl 34640		83		······································		
			84 0	City			2.0.1
11 Purcuant to	o the provincions of Continue COZ OCC	<u></u>				FL 85	Zip Code
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	iz and 607.1508, Florida Statul rida. Such change was authoriz	ies, the above-nam red by the corporal	ned corporation Jion's board of	submits this statement for the purpole directors. Thereby accept the appoint	oose of changing	its registered office
DIOALATURE	n, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	5.		enserted (Thereby Beech) the appe	anument as registe	reu agent. i am
SIGNATURE	Signature, typed or printed name of registered age	ntanditte napolicable (No	OTE: Registered Agent sign	nature required when	reinstance		
12.		ND DIRECTORS	13.	Total State of the	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	CLORS IN 12
TITLE	U IOLINGON POIG F	☐ DELETE	1. 1 TITLE	Ī		Chan	
NAME CIRCL ADDRESS	JOHNSON, ERIC F		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	2890 WEST BAY DRIVE BELLEAIR BLUFFS FL 3464	^	13 STREET ADD				
TITLE	DEELENIN DEOLES LE 3404	[] DELFTE	2 1 11TLF	Р			
NAME	JOHNSON, MELISSA R	Commit	2 2 NAME			☐ Chan	ge Addition
STREET ADDRESS	2890 WEST BAY DRIVE		23 STREET ADD	пгее			
CITY-S1-ZIP	BELLEAIR BLUFFS FL 3464	0	24 CITY - S7 - ZIF				
TITLE		DELETE:	3 1 TITLE			☐ Chan	ge
NAME			3.2 NAME				g
STREET ADDRESS			3.3 STREFT ADD	DRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIF	o			
TITLE		L.J DELETE	4 ! TITLE		V-10.7	☐ Chan	ge 🔲 Addition
STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STREET ADDE	1			
TITLE	77 70 74 10 10 10 10 10 10 10 10 10 10 10 10 10	DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	·			
NAME			5.2 NAME			[_] Chang	ge 🔲 Addition
STREET ADDRESS			5.3 STREET ADDA	BESS			
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE	That is an artist is a second of that is an artist is a second of that is a second of the second of the second of that is a second of the second of the second of that is a second of that	☐ DELETE	6 1 TITLE			Chang	e
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDR	RESS			
CITY-ST-7IP	certify that the information ourselved	Add. Asia Collina	6.4 CITY-ST-7IP				
oath: that La	certify that the information supplied- he information indicated on d is ann- am an officer or director of the corpo Block 12 or Block 13 if changed, or	votion or the receiver or to inte	to report is tide an	i quality for the id accurate and ecute this repo	exemption stated in Section 119.0) that my signature shall have the sa rt as required by Chapter 607, Flori	'(3)(k), Florida Sta ame legal effect a da Statutes; and	tutes. I further s if made under that my name

SIGNATURE:

SIGNATURE ANT TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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