

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065737 (5)

1. Corporation Name

ANGELO'S RESTAURANT, INC.



Principal Place of Business

Mailing Address

725 KENILWORTH DRIVE
TALLAHASSEE FL 32312

725 KENILWORTH DRIVE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

3a. Date of Last Report

08/24/1995

4. FEI Number

Applied For

59-3331331

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

2. Principal Place of Business

2a. Mailing Address

21. 2910 KERRYFORREST PARK
Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. SUITE B-1

28. City & State

23. TALLAHASSEE FL

29. Zip

Country

24. 32308

25. US

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOANOS, GEORGE A
725 KENILWORTH DRIVE
TALLAHASSEE FL 32312

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 in print of both registered agent and principal officer.

(NOTE: Registered Agent signature required when new substituting)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JOANOS, GEORGE A
STREET ADDRESS 725 KENILWORTH DRIVE
CITY-STATE-ZIP TALLAHASSEE FL 32312

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE A. JOANOS

Date

Date of Filing

6-11-96 (904) 894-9997

CR2E034 (3/96)