

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000076991 (5)

1. Corporation Name  
**THE PIT CREW RESTAURANT, INC.**



Principal Place of Business: P.O. BOX 8 DOCTORS INLET FL 32030  
Mailing Address: P.O. BOX 8 DOCTORS INLET FL 32030

3. Date Incorporated or Qualified: 10/06/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: [Blank] Applied For:  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: 21 [Blank] 22 Suite, Apt. #, etc. [Blank] 23 City & State [Blank] 24 Zip [Blank] 25 Country [Blank]  
2a. Mailing Address: 26 [Blank] 27 Suite, Apt. #, etc. [Blank] 28 City & State [Blank] 29 Zip [Blank] 30 Country [Blank]

9. Name and Address of Current Registered Agent  
**ASHBY, GEORGE JR.  
42 SLEEPY HOLLOW ROAD  
DOCTORS INLET FL 32030**

10. Name and Address of New Registered Agent  
81 Name: **LEWIS, RICHARD M.**  
82 Street Address (P.O. Box Number is Not Acceptable): **225 WATER ST.**  
83 **SUITE 1800**  
84 City: **JACKSONVILLE** FL 85 Zip Code: **32201**

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 obligation of Section 607.063, Florida Statutes.  
SIGNATURE: *M. Richard Lewis, Jr.* M. RICHARD LEWIS, JR. DATE: **May 13, 1996**

12. OFFICERS AND DIRECTORS  
TITLE: DP  
NAME: **ASHBY, GEORGE H. JR**  
STREET ADDRESS: **42 SLEEPY HOLLOW RD.**  
CITY-ST-ZIP: **DOCTORS INLET, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [Blank]  Change  Addition  
1.2 NAME: [Blank]  
1.3 STREET ADDRESS: [Blank]  
1.4 CITY-ST-ZIP: [Blank]  
2.1 TITLE: [Blank]  Change  Addition  
2.2 NAME: [Blank]  
2.3 STREET ADDRESS: [Blank]  
2.4 CITY-ST-ZIP: [Blank]  
3.1 TITLE: [Blank]  Change  Addition  
3.2 NAME: [Blank]  
3.3 STREET ADDRESS: [Blank]  
3.4 CITY-ST-ZIP: [Blank]  
4.1 TITLE: [Blank]  Change  Addition  
4.2 NAME: [Blank]  
4.3 STREET ADDRESS: [Blank]  
4.4 CITY-ST-ZIP: [Blank]  
5.1 TITLE: [Blank]  Change  Addition  
5.2 NAME: [Blank]  
5.3 STREET ADDRESS: [Blank]  
5.4 CITY-ST-ZIP: [Blank]  
6.1 TITLE: [Blank]  Change  Addition  
6.2 NAME: [Blank]  
6.3 STREET ADDRESS: [Blank]  
6.4 CITY-ST-ZIP: [Blank]

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 272-9548

CR2E034 (12/95)