

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080429 (0)

1. Corporation Name

T & M RESTAURANTS, INC.



Principal Place of Business

**5217 CHENAUT AVENUE
ORLANDO FL 32839**

Mailing Address

**5217 CHENAUT AVENUE
ORLANDO FL 32839**

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 **5601 So. Orange Ave.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Orlando, Fla.**

24 Zip

32809

Country

25 **U.S.A.**

City & State

Zip

29

Country

30

4. FEI Number

59-3345104

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

9. Name and Address of Current Registered Agent

**PFEIFER, TROY
5217 CHENAUT AVENUE
ORLANDO FL 32839**

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 **D** ☐ DELETE
NAME **PFEIFER, TROY**
STREET ADDRESS **5217 CHENAUT AVENUE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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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 **Vice-Pres.** ☐ Change ☒ Addition
1.2 NAME **Kimberly Pfeifer**
1.3 STREET ADDRESS **5217 Chenaut Ave**
1.4 CITY-ST-ZIP **Orlando, FLA 32839**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Michael Sullivan**
2.3 STREET ADDRESS **6 Connecticut Ave.**
2.4 CITY-ST-ZIP **St. Cloud FLA 34769**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition
3.2 NAME **Peggy Sullivan**
3.3 STREET ADDRESS **6 Connecticut Ave**
3.4 CITY-ST-ZIP **St. Cloud, FLA. 34769**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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: **Kimberly Pfeifer** **Kimberly Pfeifer**

4-15-96

851-6751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)