FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000094759 (4)

S & R RESTAURANT CONCEPTS, INC.

Principal Place of Business Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



3303 W UNIVERSITY AVENUE 3303 W UNIVERSITY AVENUE GAINESVILLE FL 32607 GAINESVILLE FL 32807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3342729 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIFFIN. RICHARD G JR 117 N.W. 36TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32607 83 City 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 appacable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change ☐ Addition GRIFFIN, RICHARD C JR NAME 1.2 NAME 117 N.W. 36TH STREET STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32607** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE ☐ Change IVEY, STEPHANIE A NAME 2.2 NAME 117 N.W. 36TH STREET STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32607** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITt F Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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 on an attachment with an address.