

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 # P95000097167 (7)

1. Corporation Name

FIRST RESTAURANT, INC.



Principal Place of Business

Mailing Address

5285 BAYWATER DR  
TAMPA

5285 BAYWATER DR  
TAMPA

2. Principal Place of Business

2a. Mailing Address

21 5622 US HIGHWAY 19  
Suite, Apt. #, etc.

26 5622 US HIGHWAY 19  
Suite, Apt. #, etc.

22 City & State  
23 New Port Richey  
Zip Country  
24 34652 25 Pasco

27 City & State  
28 New Port Richey  
Zip Country  
29 34652 30 Pasco

3. Date Incorporated or Qualified

12/19/1995

3a. Date of Last Report

4. FEI Number

59-3355162

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

BANKKALAPULO, LOUIS  
5285 BAYWATER DR  
TAMPA

10. Name and Address of New Registered Agent

81 Name DIMITRI GUGUDI  
82 Street Address (P.O. Box Number is Not Acceptable)  
5622 US HIGHWAY 19  
83  
84 City New Port Richey FL 85 Zip Code 34652

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 DIMITRI GUGUDI  
Signature, typed or printed name of registered agent and title if applicable

(Date) Registered Agent Signature required with a new filing

3-4-96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GUGUDI, DIMITRI	
STREET ADDRESS	5285 BAYWATER DR	
CITY-ST-ZIP	TAMPA	
TITLE	D	DELETE
NAME	DEMETRIADIS, JOHN	
STREET ADDRESS	5285 BAYWATER DR	
CITY-ST-ZIP	TAMPA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VICE PRESIDENT / SECRETARY	Change	Addition
2.2 NAME	DEMETRIADIS JOHN		
2.3 STREET ADDRESS	4635 ROWAN RD.		
2.4 CITY-ST-ZIP	New Port Richey FL 34652		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 or 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: DIMITRI GUGUDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

Date

813-849-3076

Daytime Phone #

CR2E034 (12/96)