

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000097167 1. Corporation Name FIRST RESTAURANT, INC.			
Principal Place of Business 5622 US 19 NORTH New Port Richey, FL 34652		Mailing Address "SAME"	
2. Principal Place of Business 21 5622 US 19 NORTH Suite, Apt. #, etc. 22 City & State 23 New Port Richey, FL Zip 24 34652 Country 25 Pasco		2a. Mailing Address 26 "SAME" Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/27/95		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 owes or has paid the current year Intangible 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 JOHN DEMETRIADIS 82 Street Address (P.O. Box Number is Not Acceptable) 4009 Carlyle Lakes Blvd. 83 84 City Palm Harbor FL 85 Zip Code 34685	
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 in 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. Signature: [Signature] (Date: 5/26/98)			
12. CHANGES TO OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE V.P. & Sec. NAME JOHN DEMETRIADIS STREET ADDRESS 4009 Carlyle Lakes Blvd. CITY-ST-ZIP Palm Harbor, FL 34685 ☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition	
2. TITLE Pres. NAME DIMITRI GUGUDI STREET ADDRESS 324 Countryside Key Blvd CITY-ST-ZIP Dunsmar, FL 34677 ☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person authorized or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.		700002550217 -06/08/98 -01007--011 ***150.00 OC 6/4	
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/26/98 (813) 849-3076	

CR2E034 (10/97)