

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Monr Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019461 (8)

1. Corporation Name
TOM & BETTY'S RESTAURANTS, INC.

Principal Place of Business
9550-29 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

Mailing Address
9550-29 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1996	4. FEI Number 59-3365376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FRITSCH, CHRISTINA R
9550-29 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name CHARLES A LAMPE
82 Street Address (P.O. Box Number is Not Acceptable)
9550-29 BAYMEADOWS RD
83
84 City JACKSONVILLE FL 85 Zip Code 32256

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 CHARLES A LAMPE VICE PRESIDENT
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required for reinstating)

3/20/98
DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FRITSCH, CHRISTINA R
STREET ADDRESS	1225 CHALLEN AVE
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	D
NAME	LAMPE, CHARLES A
STREET ADDRESS	2742 RIVERSIDE AVE #10
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	LAMPE JANIS B
1.3 STREET ADDRESS	10548 FOOT GEORGE RD. E
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32226
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	1134 DEPAUL DRIVE
2.4 CITY-ST-ZIP	JACKSONVILLE FLORIDA 32218
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

3/20/98 (904) 440 5559

CR2E034 (10/97)