

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000020507 (5)

1. Corporation Name

ABERRANT RESTAURANTS, INC.

Principal Place of Business

206 SOUTH FREMONT APT. A
TAMPA FL 33606

Mailing Address

206 SOUTH FREMONT APT. A
TAMPA FL 33606-1705

2. Principal Place of Business

21 2012 E. Fletcher Ave

Suite, Apt. #, etc.

22 City & State

23 Tampa, Fla.

24 Zip

33612

Country

25 Hillsborough

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Fla.

29 Zip

30 Country

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

4. FEI Number

59-3363446

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

HOGG, THOMAS

206 SOUTH FREMONT APT. A
TAMPA FL 33606

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:

Tammy Sumner, V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETED |
|----------------|--------------|--------------------------|-------------------|--------------------------|
| D | HOGG, THOMAS | 206 SOUTH FREMONT APT. A | TAMPA FL 33606 | <input type="checkbox"/> |
| | | 2012 E. Fletcher Ave | TAMPA, FLA. 33612 | <input type="checkbox"/> |
| Vice President | Tammy Sumner | 2012 E. Fletcher Ave | Tampa, Fla. 33612 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
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| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 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 |
|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|
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14. I do 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:

Tammy Sumner, V.P.

04/30/97

977-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0388946

CR2E034 (9/96)