SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 AUG -8 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000055439 (9)**

1. Corporation Name
LTD RESTAURANTS, INC.

Principal Place of Business	Mailing Address
2275 ATLANTIC BLVD NEPTUNE BEACH FL 32266	2275 ATLANTIC BLVD NEPTUNE BEACH FL 32266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1996
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-3385818	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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

SORRELL, MARY C
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	President/Treasurer ☐ Change ☒ Addition
NAME	HIONIDES, CHRIS		1.2 NAME	
STREET ADDRESS	2275 ATLANTIC BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Vice-President ☐ Change ☒ Addition
NAME	[redacted]		2.2 NAME	Nadia Hionides
STREET ADDRESS			2.3 STREET ADDRESS	2275 Atlantic Blvd.
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE		☐ DELETE	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME			3.2 NAME	Mary C. Sorrell
STREET ADDRESS			3.3 STREET ADDRESS	2275 Atlantic Blvd.
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	500002267015--7
STREET ADDRESS			4.3 STREET ADDRESS	-08/14/97--01059--010
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: _____ President 7/16/97 (904) 241-1501

MARY C. SORRELL
Professional Association
Attorney and Counselor at Law

Order of The Coif

GENERAL CIVIL LITIGATION
BUSINESS, CORPORATE AND REAL ESTATE

(2)

August 4, 1997

Florida Department of State
Division of Corporations
Annual Report Section
Post Office Box 6327
Tallahassee, FL 32314

Re: 1997 Annual Report
LTD Restaurants, Inc.

Dear Sir/Madam:

Pursuant to my telephone conversation on July 16, 1997 with an annual report representative, I am, once again, enclosing the above-referenced corporation's annual report for 1997 along with a check in the amount of $165.00 for the filing of same. For your consideration, said corporation's annual report was completed, executed and mailed on February 3, 1997. However, I was advised that as of this date, said report has not been received by the Department of State nor has check #1211 cleared. I am also enclosing, for your records, a copy of the previous filing dated February 3, 1997 along with a copy of the check in the amount of $165.00 dated January 30, 1997.

In light of the foregoing, I kindly ask that you accept LTD Restaurant's Inc. annual report filing as being filed on or before May 1, 1997.

Should you have any questions and/or concerns, please do not hesitate to telephone me at (904) 247-1484.

Thank you.

Sincerely,

Tera J. Whitmore, Legal Assistant
to Mary C. Sorrell

/tjw
Enclosures

P.O. Box 1912
Ponte Vedra Beach, FL 32082
Telephone (904) 247-1484 • Telecopier (904) 246-1164

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

(3)

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000055439 (9)

1. Corporation Name
LTD RESTAURANTS, INC.

Principal Place of Business
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

Mailing Address
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266-2547

3. Date Incorporated or Qualified: 07/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number ☐ 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

SORRELL, MARY C
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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84 City **FL** 85 Zip Code

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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President/Treasurer	☐ Change XXX Addition
NAME	HIONIDES, CHRIS		1.2 NAME		
STREET ADDRESS	2275 ATLANTIC BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	Vice-President	☐ Change XXX Addition
NAME	[redacted]		2.2 NAME	Nadia Hionides	
STREET ADDRESS			2.3 STREET ADDRESS	2275 Atlantic Boulevard	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE		☐ DELETE	3.1 TITLE	Secretary	☐ Change XXX Addition
NAME			3.2 NAME	Mary C. Sorrell	
STREET ADDRESS			3.3 STREET ADDRESS	2275 Atlantic Blvd.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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 ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 added in an attachment with an address.

SIGNATURE: _____ President 2/3/97 (904) 241-1501

LTD RESTAURANTS, INC.
P.O. BOX 330448
ATLANTIC BEACH, FL 32233-0448
(904) 241-7836

SOUTHTRUST BANK
JACKSONVILLE, FLORIDA

63-956/630

1211

00001211

PAY ONE HUNDRED SIXTY-FIVE AND XX / 100 Dollars

DATE 01/30/97

AMOUNT *******$165.00

TO THE ORDER OF
Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

AUTHORIZED SIGNATURE

⑈001211⑈ ⑆063009569⑆ 60 551 452⑈