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

**FILED**
**May 19 1997 8:00am**
**Secretary of State**

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

**DOCUMENT # P96000067482 (5)**

1. Corporation Name
**FRATELLI RESTAURANT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1511 SAN RAFAEL WAY<br>ST. AUGUSTINE FL 32084 | 1511 SAN RAFAEL WAY<br>ST. AUGUSTINE FL 32084-5310 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 08/12/1996 | |

**2. Principal Place of Business**
21. 415 Anastasia Bl.
22. Suite, Apt. #, etc.
23. City & State: St. Augustine FL.
24. Zip: 32084
25. Country: St. Johns.

**2a. Mailing Address** 415 Anastasia Bl.
26.
27. Suite, Apt. #, etc.
28. City & State: St. Aug. FL
29. Zip: 32084
30. Country: St. Johns

4. FEI Number: 59 340 1162 — ☐ 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**
BOLES, JOSEPH L
120 CHARLOTTE STREET
ST. AUGUSTINE FL 32084

**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 ✗ _Robert L. Thomas_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | ☐ DELETE |
| NAME | Robert L. Thomas |
| STREET ADDRESS | 415 Anastasia Bl. |
| CITY-ST-ZIP | St. Aug. FL. 32084. |

**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 | ☐ Change | ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 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 | | |

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 on an attachment with an address.

SIGNATURE: ✗ _Robert L. Thomas_     5/13/97