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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069880 (8)

GADD ZOOCK'S EATERY, INC.

Principal Place of Business

Mailing Address

2908 GRAND BOULEVARD

FILED May 13 1998 8:00am Secretary of State



2908 GRAND BOULEVARD HOLIDAY FL 34690 HOLIDAY FL 34690 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3430597 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LINDENTHAL, FRANK E 2908 GRAND BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **HOLIDAY FL 34690** 84 City 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 Signature typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE NAME LINDENTHAL. FRANK E 1.2 NAME 2908 GRAND BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL 34690 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition Change TIFLE 2.1 TITLE LINDENTHAL, ROSEMARY E 2.2 NAME STREET ADDRESS 2908 GRAND BOULEVARD 2.3 STREET ADDRESS HOLIDAY FL 34690 CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Addition Change TOLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITL F 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

4-30-98

938-4493