

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

**FILED**

**Jan 24 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 # P96000075871 (9)**

1. Corporation Name:

**SCOOBIES DRIVE-IN RESTAURANTS, INC.**



Principal Place of Business

**31950 U.S. HWY 19 N.  
PALM HARBOR FL 34684**

Mailing Address

**31950 U.S. HWY 19 N.  
PALM HARBOR FL 34684-3730**

3. Date Incorporated or Qualified

**09/11/1996**

3a. Date of Last Report

4. FEI Number

**59-3406799**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PEREZ, MICHAEL G  
31950 U.S. HWY 19 N.  
PALM HARBOR FL 34684**

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:

Signature: typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEREZ, MICHAEL G</b>	
STREET ADDRESS	<b>31950 U.S. HWY 19 N.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CHAIRMAN OF THE BOARD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RJ MORRIS (DIRECTOR)</b>	
1.3 STREET ADDRESS	<b>965 Woodgate Dr</b>	
1.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>	
2.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MICHAEL G PEREZ (DIRECTOR)</b>	
2.3 STREET ADDRESS	<b>2032 N Point Alexis Dr</b>	
2.4 CITY-ST-ZIP	<b>Tarpon Springs, Fl. 34689</b>	
3.1 TITLE	<b>TREASURE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PAUL MIZE (DIRECTOR)</b>	
3.3 STREET ADDRESS	<b>4082 Carlyle Lakes Blvd</b>	
3.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>	
4.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GEORGE HURST (DIRECTOR)</b>	
4.3 STREET ADDRESS	<b>965 Woodgate Dr</b>	
4.4 CITY-ST-ZIP	<b>Palm Harbor, Fl. 34685</b>	
5.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>STEVEN BOUFFARD (DIRECTOR)</b>	
5.3 STREET ADDRESS	<b>5009 Trouble Creek Road</b>	
5.4 CITY-ST-ZIP	<b>New Port Richey, Fl. 34652</b>	
6.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TONY D'IORIO (DIRECTOR)</b>	
6.3 STREET ADDRESS	<b>10111 Oak Dr</b>	
6.4 CITY-ST-ZIP	<b>Hudson Fl. 34669</b>	

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:** *Michael G. Perez* **President** **1/30/97** **726-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)