

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

FILED

Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000081223 (5)**

1. Corporation Name

**ZERVAS INCORPORATED**



Principal Place of Business

**ROADHOUSE DINER  
511 S HWY 27  
LAKE WALES FL 33853**

Mailing Address

**ROADHOUSE DINER  
511 S HWY 27  
LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/30/1996**

4. FEI Number

**59-3401287**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

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

**22** City & State

**23** Zip Country

2a. Mailing Address

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

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**ZERVOS, SPIROS  
511 S. HIGHWAY 27  
LAKE WALES FL 33853**

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME  
ZERVOS, SPIROS  
STREET ADDRESS  
550 BURNS AVE #96  
CITY-ST-ZIP  
LAKE WALES FL 33853**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP**

**21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP**

**31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP**

**41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP**

**51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP**

**61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP**

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: **SPIROS**

**3-5-98**

**941-679-9883**

CR2E034 (10/97)