2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment we

SIGNATURE:

## FILED Aug 21, 2006 08:00 A Secretary of State DOCUMENT # P97000033930 THE SUWANEE GRILLE CO., INC. Principal Place of Business Mailing Address 6010 BONACKER DRIVE 6010 BONACKER DRIVE **TAMPA FL 33610** TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State 4. FEI Number City & State 59-3430369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DERRIDINGER, RICHARD K JR. Street Address (P.O. Box Number is Not Acceptable) 6010 BONACKER DRIVE **TAMPA FL 33610** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Hegistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change Addition ☐ Delete DERRIDINGER, RICHARD K JR NAME NAME 6010 BONACKER DRIVE STREET ADDRESS STREET ADDRESS U00000574758 **TAMPA FL 33610** CITY-ST-ZIP CITY - ST - ZIP VSTD TITLE Delete TITLE DERRIDINGER, RICHARD K SR ΝΔΜΓ NAME 6010 BONACKER DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY+ST - ZIP CITY - ST - ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

empowered