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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000067297 (6)

1. Corporation Name

CHISPYS REGENCY, INC.



Principal Place of Business

9378 ARLINGTON EXPWY
JACKSONVILLE FL 32225

Mailing Address

9378 ARLINGTON EXPWY
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3467982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

9. Name and Address of Current Registered Agent

KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA
ONE INDEPENDENT DR STE 2000
JACKSONVILLE FL 32202

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME WIGGINS, HENRY D JR
STREET ADDRESS 9378 ARLINGTON EXPWY
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ DELETE
NAME KOZAK, BARBARA
STREET ADDRESS 9378 ARLINGTON EXPWY
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ DELETE
NAME MURPHY, DANIEL R JR
STREET ADDRESS 4426 PALMETTO INLET WEST
CITY-ST-ZIP JACKSONVILLE FL 32277

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

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME WIGGINS, DYER, JR
1.3 STREET ADDRESS 9378 ARLINGTON EXPWY
1.4 CITY-ST-ZIP JACKSONVILLE FL 32250

2.1 TITLE SECRETARY ☒ Change ☐ Addition
2.2 NAME KOZAK, BARBARA
2.3 STREET ADDRESS 9378 ARLINGTON EXPWY
2.4 CITY-ST-ZIP JACKSONVILLE FL 32225

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME MURPHY, DANIEL R, JR
3.3 STREET ADDRESS 4426 PALMETTO INLET WEST
3.4 CITY-ST-ZIP JACKSONVILLE FL 32277

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

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.

CR2E034 (10/97)