

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90013 004 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000035727**

1. Corporation Name

THE OSTEEN DINER, INC.

Principal Place of Business

**820 EMERALDA DRIVE
ORLANDO FL 32808**

Mailing Address

**820 EMERALDA DRIVE
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

59-3514191

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 the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 195 South St. Rd 415

2a. Mailing Address

26 195 South St. Rd 415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Osteen FL

City & State

28 Osteen FL

Zip

24 32764

Country

25 Volusia

Zip

29 32764

Country

30 Volusia

9. Name and Address of Current Registered Agent

**BLOW, TERRY M
1001 WEST ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name

Blow, Terry M.

82 Street Address (P.O. Box Number is Not Acceptable)

195 South St. Rd 415

83

84 City **Osteen**

FL

85 Zip Code

32764

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 **Terry M. Blow**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BLOW, TERRY M**
STREET ADDRESS **820 EMERALDA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

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

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Blow, Terry M.**
1.3 STREET ADDRESS **195 South St. Rd 415**
1.4 CITY-ST-ZIP **Osteen, FL 32764**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

TERRY M BLOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99

Date

Daytime Phone #

407-323-6469

CR2E034 (5/99)