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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90033 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000087993**

1. Corporation Name

**DURANGO STEAKHOUSE OF PORT RICHEY, INC.**

Principal Place of Business  
**200 CENTRAL AVE STE 2300  
ST PETERSBURG FL 33701**

Mailing Address  
**200 CENTRAL AVE STE 2300  
ST PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/14/1998</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3537906</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
25		29		30	
29		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GILES, JOEL G  
200 CENTRAL AVE STE 2300  
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name <b>GREGORY D. MORRIS</b>	85 Zip Code <b>33762</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2325 ULMERTON RD STE 20</b>	
83	
84 City <b>CLEARWATER</b>	
85	

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]*

**3/11/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>VICE-PRESIDENT</b>
NAME	<b>BULLARD, FRED B JR</b>	1.2 NAME	<b>GREGORY D. MORRIS</b>
STREET ADDRESS	<b>2325 ULMERTON RD STE 20</b>	1.3 STREET ADDRESS	<b>2325 ULMERTON RD STE 20</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FLA 33762</b>
TITLE	<b>D</b>	2.1 TITLE	<b>PRESIDENT</b>
NAME	<b>BULLARD, KAROL K</b>	2.2 NAME	<b>MITCHELL J. WALKER</b>
STREET ADDRESS	<b>2325 ULMERTON RD STE 20</b>	2.3 STREET ADDRESS	<b>2325 ULMERTON RD STE 20</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER, FLA 33762</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/11/99 727-576-6424**