

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90053 005 \*\*\*150.00

DOCUMENT # P98000100270

1. Corporation Name

SAYLOR RESTAURANTS, INC.



Principal Place of Business Mailing Address  
603 N INDIAN RIVER DR., SUITE 104 603 N INDIAN RIVER DR., SUITE 104  
FORT PIERCE FL 34950 FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             |         | 26                  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| 22                             |         | 27                  |         |
| City & State                   |         | City & State        |         |
| 23                             |         | 28                  |         |
| Zip                            | Country | Zip                 | Country |
| 24                             | 25      | 29                  | 30      |

3. Date Incorporated or Qualified

11/25/1998

4. FEI Number Applied For  
65-0895416 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGFIELD, T. SCOTT  
603 N INDIAN RIVER DR., SUITE 104  
FORT PIERCE FL 34950

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 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 |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WINGFIELD, T. SCOTT               | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 7230 RESERVE CREEK DRIVE          | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | PORT ST. LUCIE FL 34986           | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WINGFIELD, KARON E                | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 7230 RESERVE CREEK DRIVE          | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | PORT ST. LUCIE FL 34986           | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

561-465-7020

Daytime Phone #

CR2E034 (11/98)

0010174