

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S03117 (6)

1. Corporation Name

STEAK AND SEAFOOD EXPRESS, INC.



Principal Place of Business

3925 S.E. 45TH COURT
UNIT A
OCALA FL 34471
US

Mailing Address

76 PECAN PASS
OCALA FL 34472

3. Date Incorporated or Qualified
10/01/1990

3a. Date of Last Report
08/16/1995

2. Principal Place of Business

21 Steak & Seafood Express, Inc.

2a. Mailing Address

26 76 Pecan Pass

4. FEI Number

59-3035245

Applied For

Not Applicable

Suite, Apt. #, etc.

22 76 Pecan Pass

Suite, Apt. #, etc.

27 76 Pecan Pass

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Ocala FL 34472

City & State

28 Ocala FL 34472

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 34471

Country

25 US

Zip

29 34472

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEO, CYNTHIA JEAN
76 PECAN PASS
OCALA FL 34472

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 reconstituted

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
FEO, CYNTHIA JEAN
STREET ADDRESS
76 PECAN PASS
CITY-ST-ZIP
OCALA FL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
FEO, DAVID A.
STREET ADDRESS
11707 SE 57TH AVE APT 1
CITY-ST-ZIP
BELLEVUE FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Cynthia Jean FEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(900)
687-3303

Date

Daytime Phone #

CR2E034 (12/95)