FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18427

1. Corporation Name

CHECK-EM OUT HAMBURGERS, INC

000001490300
-05/17/95--01031--018
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
31622 US. 19 NORTH PALM HARBOR, FL 34684	

3. Date Incorporated or Qualified: 12/90
3a. Date of Last Report: 4/94

2. Principal Place of Business	2a. Mailing Address
21	26 2790 SHADY VALLEY DR NE
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 ATLANTA GA 30324
Zip / Country 24 / 25	Zip / Country 29 30324 / 30 USA

4. FEI Number: 58-1937706 — ☐ 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 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
MR. VINCENT A. RIGGIO ~~2790 SHADY VALLEY DR N.E.~~ VR ~~ATLANTA, GEORGIA 30324~~ 31622 US. 19. N. PALM HARBOR, FL 34684	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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: Vincent A. Riggio AS PRESIDENT — VINCENT A. RIGGIO — 5-11-95
Signature, type or print name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	VINCENT A. RIGGIO	12 NAME	
STREET ADDRESS	2790 SHADY VALLEY DR N.E.	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA, GA 30324	14 CITY ST ZIP	
TITLE	SECRETARY DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	LARRY LEAMON	22 NAME	
STREET ADDRESS	31622 US 19 N	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR, FL 34684	24 CITY ST ZIP	
TITLE	TREASURER / DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	LARRY LEAMON	32 NAME	
STREET ADDRESS	31622 US 19 N	33 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL 34684	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Vincent A. Riggio PRESIDENT — 5-11-95 — 404 261-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone