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 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S19627** **(6)**

1. Corporation Name
KOZY KORNER RESTAURANT, INC.

Principal Place of Business	Mailing Address
4128 PARK BOULEVARD **PINELLAS PARK FL 34665**	**4128 PARK BOULEVARD** **PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3042379** ☐ 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 assets for intangible tax under $ 100,000, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KANNER, MENI
4128 PARK BOULEVARD
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERTLEIN, MARY K.
STREET ADDRESS	4128 PARK BLVD.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	ST
NAME	HERTLEIN, MARY K.
STREET ADDRESS	4128 PARK BLVD.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	
65 TITLE	☐ Change ☐ Addition
66 NAME	
67 STREET ADDRESS	
68 CITY-ST-ZIP	
69 TITLE	☐ Change ☐ Addition
70 NAME	
71 STREET ADDRESS	
72 CITY-ST-ZIP	
73 TITLE	☐ Change ☐ Addition
74 NAME	
75 STREET ADDRESS	
76 CITY-ST-ZIP	
77 TITLE	☐ Change ☐ Addition
78 NAME	
79 STREET ADDRESS	
80 CITY-ST-ZIP	
81 TITLE	☐ Change ☐ Addition
82 NAME	
83 STREET ADDRESS	
84 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 above, or on an attachment with an address.

SIGNATURE: Mary K. Hertlein Pres. 4-28-95 813 544-2022

MARY K. HERTLEIN PRESIDENT
NAME AND TITLE OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

03/2013 CP