

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mason
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **S37765** (2)
DURANGO STEAKHOUSE OF CARROLLWOOD, INC.

95 MAY -1 PM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 2575 ULMERTON ROAD SUITE 300 CLEARWATER FL 34622
Mailing Address: 2575 ULMERTON ROAD SUITE 300 CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

1. Date of Report: 03/14/1991		3a. Date of Last Report: 08/26/1994	
2. Filing Number: 59-3161541		3b. Applied For: Not Applicable	
4. Certificate of Status Desired: \$8.75 Additional Fee Required		5. Election Campaign Financing: \$5.00 May Be Added to Fees	
6. This corporation has liability for franchise fees under the Florida Franchise Statutes: ☒ Yes ☐ No		7. This corporation has liability for franchise fees under the Florida Franchise Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent: GILES, JOEL B 200 CENTRAL AVE. SUITE 300 CLEARWATER FL 34622		10. Name and Address of New Registered Agent: 81 Name: Edward H. Parry 82 Street Address (P.O. Box Number is Not Applicable): 2575 Ulmerton Road 83 Suite 300 84 City: Clearwater FL 85 Zip Code: 34622	
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11. I, the undersigned, being a duly qualified officer or director of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office as required by law, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.
SIGNATURE: *Edward H. Parry* *Edward H. Parry* 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: DP TERRELL, LARRY 2575 ULMERTON RD. STE. 300 CLEARWATER FL 34622	NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	[] Change [] Addition	
NAME: DS BULLARD, KAROL K 2575 ULMERTON RD. STE. 300 CLEARWATER FL 34622	NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	[] Change [] Addition	
NAME: ASST PARRY, EDWARD H 2575 ULMERTON RD. STE. 300 CLEARWATER FL 34622	NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	[] Change [] Addition	
NAME: D TERRELL, JUDY L 2575 ULMERTON RD. STE. 300 CLEARWATER FL 34622	NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	[] Change [] Addition	
NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	[] Change [] Addition	
NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	NAME: [] STREET ADDRESS: [] CITY: [] STATE: [] ZIP: []	[] Change [] Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 605.13(1)(b) of the Florida Statutes. I further certify that the information indicated on the 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 that I am an authorized agent of the corporation to execute this report as required by Chapter 605 of the Florida Statutes, and that my name appears on the list of officers, directors, or authorized agents attached with an address.
SIGNATURE: *Edward H. Parry* 4/27/95 813-576-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR