

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 59

DOCUMENT # S46490

(6)

1. Corporation Name

BUFFET MANAGEMENT, INC.

Principal Place of Business

373 BRADEN AVE. STE 201
SARASOTA FL 34243

Mailing Address

373 BRADEN AVE. STE 201
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

05/13/1994

4. FEI Number

59-3062837

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

2. Principal Place of Business

3074 College Avenue SE

2a. Mailing Address

3074 College Avenue SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ruskin, FL

City & State
Ruskin, FL

Zip
33570

Country

Zip
33570

Country

9. Name and Address of Current Registered Agent

MAY, J. WILLIAM
462 ISLAND CIRCLE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1899 Buccaneer Circle

84 City

Sarasota, FL

FL

85 Zip Code

34231

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

J. William May

3/17/95

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAY, J. WILLIAM
STREET ADDRESS 462 ISLAND CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE SD
NAME LOVING, EDWIN N
STREET ADDRESS 50 S MULBERRY ST
CITY-ST-ZIP WILMINGTON OH

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1899 Buccaneer Circle
Sarasota, FL 34231

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

J. William May

3/17/95

(813) 641-0707

Date

Signature / Title #