

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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ARTICLE 10, CHAPTER 60**



**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

1995

DOCUMENT # S87067

(2)

EXERTECH, INC.

**99 EGLIN PKWY
UNIT 6A, FORT WALTON SO
FORT WALTON BCH FL 32548**

**99 EGLIN PKWY
UNIT 6A, FORT WALTON SO
FORT WALTON BCH FL 32548**

DATE OF LAST FILING

3. Date of latest filing (month/year) 10/14/1991	3a. Date of last filing 05/01/1994
4. FCI Number 59-3090025	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
7. This corporation has authority for multiple incorporations in Florida Statutes ☐ Yes ☐ No	

2. Principal Office (month/year) 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOUSEFIELD, ELAINE
417 SHERRY CIRCLE
FORT WALTON BEACH FL 32548**

81. Name Same
82. Street Address (P.O. Box Number, Not Applicable)
83.
84. City FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the person named herein as the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am a resident of the State of Florida and have no other business in the State of Florida.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

ATTEST

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D HOUSEFIELD, JAYMEE 417 SHERRY CIRCLE FT. WALTON BEACH FL	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME D HOUSEFIELD, SHEVEWAN E. 417 SHERRY CIRCLE FT. WALTON BEACH FL	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐
NAME	CHANGE ☐ ADD ☐	NAME	CHANGE ☐ ADD ☐

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.01(1)(b), Florida Statutes. I further certify that this information is not a duplicate of any information previously filed with the Secretary of State and that the information is not a duplicate of any information previously filed with the Secretary of State. I am a resident of the State of Florida and have no other business in the State of Florida. I am a resident of the State of Florida and have no other business in the State of Florida. I am a resident of the State of Florida and have no other business in the State of Florida.

SIGNATURE: *Shervan Housefield*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5-1-95 901 664-2991

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
1995

APPROVED
10/17/1991

DOCUMENT # **S87897**

(2)

FLORIDA FAMILY RESTAURANTS, INC.

FLORIDA FAMILY RESTAURANTS, INC.
10/17/1991

707 60TH ST. CT. EAST SUITE D BRADENTON FL 34208 US		3000 NORTHWOODS PKWY SUITE 235 NORCROSS GA 30071 US		3. Filing Date (Month/Day/Year) 10/17/1991	3a. Date of Last Report 05/01/1994
2. Filing Office (State/County) 21	2a. Mailing Address 26	4. FIC Number 65-0289072		Applied For Not Applicable	
22. State Agent #	27. State Agent #	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24.	25.	29.		30.	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 (b)(2) and 607 (b)(3) Florida Statutes, the above named corporation certifies the 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 hereby giving and accept the responsibility for compliance with Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PS MILLER, JEFF 3000 NORTHWOODS PKWY., #235 NORCROSS GA	NAME	☐ Change ☐ Addition
STREET ADDRESS	CV ANTRANIKIG, HAIG 3000 NORTHWOODS PKWY., #235 NORCROSS GA	NAME	☐ Change ☐ Addition
CITY & STATE	CTS WILLIAMS, EDWARD 3000 NORTHWOODS PKWY., #235 NORCROSS GA	NAME	☐ Change ☐ Addition
NAME	S ZIMMERMAN, CAROL 3000 NORTHWOODS PKWY., #235 NORCROSS GA	NAME	☐ Change ☐ Addition
STREET ADDRESS	S BREWER, OBY 3333 PEACHTREE RD., E. TOWER, SUITE 1600 ATLANTA GA	NAME	☐ Change ☐ Addition
CITY & STATE		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	☐ Change ☐ Addition
CITY & STATE		NAME	☐ 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 Section 190.01 (b)(6) Florida Statutes. I further certify that the information is accurate on the annual report or supplemental annual report as true, just and correct 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 make this report as required by Chapter 605, Florida Statutes, and that my name appears in this filing in Block 14 is being furnished or on an attachment with an address.

SIGNATURE: *Haig Antranikian* **4-25-95** **404-729-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR