SECOND NOTICE: CORPORATION WILL AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (I	BE DISSOLVED ON OR AFTER F DISSOLVED, MINIMUM AMOUN	SEPTEMBER 17, 1997. DUE 10 REINSTATE: \$750.)		
		AREMENT OF STATE	HIED.		
1997	Secre	elary of State CORPORATIONS	SABECTE W		
DOCUMENT # \$908	307 (6)		TATA A SELECTION OF THE	M SIMIE TLORIDA :	
GNL RESTAURANTS, INC.	istatemen	T 1040	1 (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1) (4 1)	HAN ANDIN BUBU BUBU BUBU BUBU BUBU KARI	
Principal Place of Business	A RESARCE IA	1997			
Principal Place of Business Mailing Address 36287 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684					
·			DO NOT WRITE IN 3. Date Incorporated or Qualified 10/30/1991	3a. Date of East Report 06/18/1996	
2. Principal Place of Business 21	28. Mailing Address 26		4. FEI Number 59-3090337	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25 9. Name and Address of C	[29]	Country 30	8. This corporation owes or has paid the Personal Property Tax due June 30	. []] Yes []] No	
LEMPIDAKIS, GEORGE	urrent negistereo Agent	81 Name	10. Name and Address of New Regis	tered Agent	
36287 U.S. HWY. 19 N. PALM HARBOR FL 34684		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
TABIN TIMBOTT E 01001	•	83		· <u></u>	
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 60: office or registered agent, or both, in the agent. I am familiar with, and accept the	7.0502 and 607.1508, Florida Stat State of Florida Such change was obligations of, Section 607.0506, F	ites, the above named corporal authorized by the corporal logical Statutes.	poration submits this statement for the purp tion's board of directors. Thereby accept the	iose of changing its registered ie appointment as registered	
SIGNATURE Signature, typod or printed name of egeter	ed agent mostriic if apply at te (Ni	Bey NE Begistered Agent signature requi	/ (0/25/97	
12. OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
NAME LEMPIDAKIS, GEORGE	Î∏ DELETÊ	117016	70000237		
STREET ADDRESS 36287 U.S. HIGHWAY 19	N	1.2 NAME		01110027	
PALM HARROR FI	11.	1.3 STREET ADDRESS	****758.7		

STREET ADDRESS

CITY-ST-ZIP

TITLE DITTELLE NAME STREET ADDRESS CITY, ST-ZIP DETETE TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP 3.4. CITY- \$1-7IP TITLE DELETE Change 4.11011 Add tion NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 🔲 DELETË TITLE 5 FTHEF ___ Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IF DOLETE TITLE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing 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 it made under each, 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

6.3 STREET ADDRESS