

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

DOCUMENT # **V03912**  
1. Corporation Name  
**Ocala Buffet, Inc.**

Principal Place of Business  
**717 36th Avenue NE  
Ocala FL 34471  
US**

Mailing Address  
**3074 College Ave SE  
Ruskin, FL 33570**

3. Date Incorporated or Qualified **01-03-1992** 3a. Date of Last Report **5-22-1995**  
4. FEI Number **59-3098835** 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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. 26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip 30. Country  
**4910 14th St. W.  
# 204  
Bradenton FL  
34207 USA**

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 Applicable)  
83.  
84. City **Sarasota** FL 85. Zip Code **34231**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Printed Name of Registered Agent or Director \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Oswald, Kenneth F</b>	
STREET ADDRESS	<b>600 Courtland St, # 110</b>	
CITY-ST-ZIP	<b>Orlando FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>May, J. William</b>	
STREET ADDRESS	<b>462 Island Circle</b>	
CITY-ST-ZIP	<b>Sarasota FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1899 Buccaneer Circle</b>
2.4 CITY-ST-ZIP	<b>Sarasota FL 34231</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>100001809101</b>
4.3 STREET ADDRESS	<b>-05/06/96--01035--006</b>
4.4 CITY-ST-ZIP	<b>***208.75</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: **J. Wm. May** Date: **4-11-96** (941) 755-3814  
SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

CR2E034 (12/95)