

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V03912 (5)

1. Corporation Name
OCALA BUFFET, INC.

Principal Place of Business 717 36TH AVENUE N.E. OCALA FL 34471	Mailing Address 4910 14TH ST W #204 BRADENTON FL 34207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 50 S. Mulberry St.
22 City & State	27 Wilmington OH
23 Zip Country	28 45177 USA

3. Date Incorporated or Qualified 01/03/1992	
4. FEI Number 59-3098835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAY, J. WILLIAM
1899 BUCCANEER CIRCLE
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name	Leslie A. Spang, CPA		
82 Street Address (P.O. Box Number is Not Acceptable)	11541 Shipwatch Dr.		
83 City	1010	85 Zip Code	FL 33774

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Leslie A. Spang, CPA* DATE **4/20/98**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. Larry Peters <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, J. WILLIAM	1.2 NAME	Larry Peters
STREET ADDRESS	1899 BUCCANEER CIRCLE	1.3 STREET ADDRESS	50 S. Mulberry St,
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Wilmington, OH 45177
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Soc'y + Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Dan Johnson
STREET ADDRESS		2.3 STREET ADDRESS	50 S. Mulberry St,
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Wilmington, OH 45177
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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.

CR2E034 (10/97)