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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

DOCUMENT # V03912 (5)  
1. Corporation Name  
OCALA BUFFET, INC.



Principal Place of Business

Mailing Address

717 36TH AVENUE N.E.  
OCALA FL 34471

4910 14TH ST W  
#204  
BRADENTON FL 34207  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	50 S. Mulberry St.	01/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3098835	
City & State		City & State		5. Certificate of Status Desired	
23		28	Wilmington OH	<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24		29	45177	Trust Fund Contribution	
		30	USA	<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

10. Name and Address of New Registered Agent

MAY, J. WILLIAM  
1899 BUCCANEER CIRCLE  
SARASOTA FL 34231

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

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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres.
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		2.1 TITLE	Sec'y + Treas.
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		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)