

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05801 (8)

1. Corporation Name:

BLACK ANGUS RESTAURANT & LOUNGE, INC.

Principal Place of Business:

**4500 W. HIGHWAY 98
PANAMA CITY FL 32405**

Mailing Address:

**4500 W. HIGHWAY 98
PANAMA CITY FL 32405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2297772

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 naturally terminated under 3-109.03,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business:

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Suite, Apt. # etc.

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

9. Name and Address of Current Registered Agent

**KOLK, JACALYN N., ESQ.
1610 BECK AVENUE
PANAMA CITY FL 32405**

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 607.0502 and 607.1501, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PAUL, GARY R.
STREET ADDRESS	4500 W. HIGHWAY 98
CITY, ST, ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 3-109.03(b), Florida Statutes. I further certify that the information included 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 222, Florida Statutes, and that my name appears in Block 12 or Block 13 and is typed in an attachment with an address.

SIGNATURE:

GARY R. PAUL
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

5-10-95 904-784-1788