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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47373

(8)

GLADSTONE'S GRILLED CHICKEN TOWN 'N' COUNTRY, IN

FILED May 08 1997 8:00am Secretary of State



Frincipal Place of Business			waning Address						_	
\$402 BEAUMONT CENTER BLVD SUITE #103 TAMPA FL 33634		\$	5402 BEAUMONT CENTER BLVD SUITE ₱103 TAMPA FL 33634-5202				Date Incorporated or Qualified	3e. Dat	o of Last	t Report
							06/26/1992 02/15/1996			
2. Principal P	lace of Business	2	a. Mailing Address				4. FEI Number	1		Applied For
21			[26]				59-3140979		h	Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22			27				5. Certificate of Status Desired	LJ	Fee	Required
City & State			City & State				6. Flection Campaign Financing \$5.00 May Be			
23		28	[28]				Trust Fund Contribution	LJ		d to Fees
Zip	Country	- -	- Z ip T		Country		8. This corporation has liability for intengible tax under s. 199.032,			rs. 199.032,
24 25 9, Name and Address of C		29		30			Florida Statutes			
		ıı negi	istered Agent		81	Name	10. Name and Address of New Ret	listelen W	gent	
UITERWYK, HENDRIX, ESQUIRE						TADATA TADATA				
1810 S. MACDILL AVENUE TAMPA STREET TAMPA FL 33629						Street Add	ress (P.O. Box Number is Not Acceptable)			
IAM	LV LF 02059				63			•		<u> </u>
				1	84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and	607 1508 Florida Statu	ites the ab		r-pamed cor	poration submits this statement for the n		ll_	n its registered
office or re	egistered agent, or both, in the State	of Flo	rida Such change was	authorized	by	the corpora	poration submits this statement for the pution's board of directors. I hereby accep	the appo	intment	as registered
	m ramiliar willi, and accept the onlig	auons	OI, SCORON BO7.0305, T	ionda Statt	nes	š.				
SIGNATURE	Signature typed or printed name of regulered age	ent and id	tle if applicable (NC	H : Registered	Age	nt signature requ	ired when reinstal ng)	DATE		
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFIC	FRS AND	DIRECT	ORS IN 12
TITLE	PD	-,	☐ DELETE	1.1 TO	ŧĒ				Chang	e 🔲 Addition
NAME	NOLLEY, MARVIN M.			1.2 NAI	ME					1
STREET ADDRESS	502 TAMPA STREET			1.3 STI	ll []	ADDRESS				
CITY-ST-ZIP	TAMPA FL			1401	Y-S	1 · 7/P				
TITLE	VD		☐ DELETE	21 100	l F			[Chang	e 🔲 Addition
NAME	GREKTORP, BO			2.2 NAI	ME					
STREET ADDRESS	502 TAMPA STREET			2.3 S1#	REEL	ADDRESS				ļ
CITY-ST-ZiP	TAMPA FL			2. 4 CII		51 · Z(f'	-777.			
TITLE			☐ DELETE	3.1 1111				Į	Chang	e L_Addition
NAME				3.2 NAI						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			- Drivit	3.4 CI		31 - ZIP			Choos	a daisia
TITLE			☐ DELETE	4.1 1110		}		L	Chang	e 🔲 Addition
NAME OTDEET ADDRESS	,			4. 2 NA		*DENT CO				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	4401		1- 7IP			Chang	e 🔲 Addition
TITLE			€ Derrit	5 1 111 5 2 NAI				ι	"" nigilê	C LT VORGON
NAME STREET ADDRESS						1000000				ļ
STREET ADDRESS				1		ADDRÉSS				
CITY-ST-ZIP TITLE			DELETE	5.4 C(1 6.1 1)))		1 · ZIP			Chang	e Addition
NAME			LJ DEREE					ı	viiaily	V CJ MOUIIIO:I
				6.2 NA		AINTINECC				
STREET ADDRESS						ADDRESS				ļ
CITY-ST-ZIP				5.4 CIT	1 5	1-70°				<u> </u>

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or or an affactiment with an addirect.