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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # V47373

(8)

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

Principal Place of Business

Mailing Address

5402 BEAUMONT CENTER BLVD

5402 BEAUMONT CENTER BLVD

**FILED** Apr 16 1998 8:00am Secretary of State



SUITE #103 Tampa FL 330	534	SUITE #103 Tampa FL 33634		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
				06/26/1992	
2. Principal Pi	lace of Business 24 SUNSTATE ST	- 2a. Mailing Address	UNSTATE S	4, FEI Number	Applied For
Suite, Apt.		• 26 Suite, Apt. #, etc.	UNSIME SI	59-3140979	Not Applicable
22		27	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MPAIFC.	28 City & Stell MPA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip_	Country	Zip 2 2/	Couptry	8. This corporation owes or has paid the curr	rent year Intangible
24 336	24 25 11645	20 35634 3	10 HILLS		Yes ZNo
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	ERWYK, HENDRIX, ESQUIRE		81 Name		
1810 S. MACDILL AVENUE TAMPA STREET TAMPA FL 33629			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			63		
IDA	M A I E OODE		84 City		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 accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NOTE: I	Registered Agent algnature requ	ired when reinstating) DATE	
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NOLLEY, MARVIN M.		1.2 NAME		
STREET ADDRESS	502 TAMPA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	V0	☐ DELETE	2.1 TITLE		Change Addition
NAME	GREKTORP, BO		2.2 NAME		
STREET ADDRESS	502 TAMPA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		T DEFEIG	3.1 TITLE		Change Addition
STREET ADORESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	,	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 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: