## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (9)1. Corporation Name DESTIN DINER, INC. Principal Place of Business Mailing Address 1083 HIGHWAY 98 E P O BOX 99 DESTIN FL 32541 DESTIN FL 32540-0099 US 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. ELLNumber Applied For 26 59-3138019 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country **Z**(p) Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIMSLEY, JAMES W. 82 Street Address (P.O. Box Number is Not Acceptable) 25 WALTER MARTIN ROAD, N.E. 83 FT. WALTON BEACH FL 32548 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and £07.1508, 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, typed or prince hanc of registered agent and fire if a chealth (NOTE: Registered Agent signature required when reinstating) (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 THUE Change Addition NAME CLARY, CHARLES W 1.2 NAME CR2E034 1083 HIGHWAY 98 E STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP DESTIN FL 1.4 C(TY - ST- Z(P TITLE DELETE 2. 1 TITLE [] Change Addition **GRIMSLEY, JAMES W** NAME 2.2 NAME STREET ADDRESS 25 WALTER MARTIN 2.3 STREET ADDRESS CITY-ST-ZIP FWB FL 24 CHTY - ST - ZIP TITLE DELETE 3 1 THLF D/S/7 Change Addition NAME BONEZZI, ROBERT A 3.2 NAME 110-B PALMETTO DESTIN, FL 32541 P O BOX 99 STREET ADDRESS 3.3 STREET ADDRESS CHTY-S1-ZIP **DESTN FL** 34 CHY-SI-7/P 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 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELFTE 6. 1 TITLE Change Add tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4/24/96 904 837 1637

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: