FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:29

DOCUMENT # V57486 (5)

1. Corporation Name
OVER THE WATERFRONT RESTAURANT, INC.

Principal Place of Business	Mailing Address
4020 DEL PRADO BLVD CAPE CORAL FL 33904	4020 DEL PRADO BLVD CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1992
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21: 4470 Escondido Dr.
Suite, Apt. #, etc. 22:
City & State 23: North Captiva Fl
Zip 24: 33945 Country 25:

2a. Mailing Address
26: P.O. Box 2337
Suite, Apt. #, etc. 27:
City & State 28: Pineland Fl
Zip 29: 33945 Country 30:

4. FEI Number: 65-0350684 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FOX, MORRIS B~~
~~4020 DEL PRADO BLVD~~
~~CAPE CORAL FL 33904~~

10. Name and Address of New Registered Agent

81 Name: ~~Robert Hiatt~~ Barbara Peckinpaugh
82 Street Address (P.O. Box Number is Not Acceptable): 4541 Schooner Dr. # 2337
83: North Captiva,
84 City: FL 85 Zip Code: 33945

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: Barbara L. Peckinpaugh (Barbara L. Peckinpaugh) 1-18-95
(NOTE: Registered Agent's signature required when submitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D-Pres. ☒ Change ☐ Addition
NAME	PECKINPAUGH, BARBARA L	1.2 NAME	Peckinpaugh, Barbara L.
STREET ADDRESS	7940 WEDGEWOOD DR	1.3 STREET ADDRESS	7605 Sherman Rd
CITY-ST-ZIP	CHESTERLAND OH	1.4 CITY-ST-ZIP	Chesterland Ohio 44026
TITLE	D	2.1 TITLE	D-Sec. ☒ Change ☐ Addition
NAME	PECKINPAUGH, JOHN S	2.2 NAME	Peckinpaugh, John S.
STREET ADDRESS	7940 WEDGEWOOD DR	2.3 STREET ADDRESS	7605 Sherman Rd
CITY-ST-ZIP	CHESTERLAND OH	2.4 CITY-ST-ZIP	Chesterland, Ohio 44026
TITLE	D	3.1 TITLE	D-Treas. ☒ Change ☐ Addition
NAME	HIATT, ROBERT P	3.2 NAME	Hiatt, Robert P.
STREET ADDRESS	190 WHITE PELICAN DR	3.3 STREET ADDRESS	4541 Schooner Dr.
CITY-ST-ZIP	UPPER CAPTIVA FL	3.4 CITY-ST-ZIP	North Captiva, Fl. 33945
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: Barbara L. Peckinpaugh (Barbara L. Peckinpaugh) 813-471-8965
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date 1-18-95 Daytime Phone # 216-423-4783

0320252 CP