SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G08791

GASTRONOMICAL, INC.

APPROVED AND FILED

1997 周月 21 - 周刊: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



(4/97

Principal Place of Business Mailing Address 830 NORTH WOODLAND BLVD 830 NORTH WOODLAND BLVD. DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1982 4. FEI Number .06/11/1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2224611 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Country Zιρ 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FROST, ROBERT E. 233 EAST RICH AVE 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 83 City В4 85 Zip Code 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 agent and title it applicable (NOT): Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 10118 PAFFEL, DONALD JEROME E034 1.2 NAME NAME 201 S.AMELIA AVE., #F-2 STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL** 1.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE 2.1 1IILE ☐ Change Addition TITLE SHUFFLE, CHARLES W., JR. NAME 2.2 NAME 37 GARDEN DR. STREET ADDRESS 2.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE - [] [] Addition TITLE 3.1 TITLE ****165.00 ****165.00 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIF DELETE TITLE 4.1 TITLE ___ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 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 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 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 appears in Block 12 or Block 13 if charged, or on an attachment with an address.

7/18 102