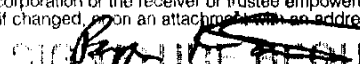


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J25094 (0)					
1. Corporation Name KISSIMMEE POPCORN COMPANY					
Principal Place of Business % BYRON K. SUTTON 5770 SPACECOAST PKWY. SPACE 431 KISSIMMEE FL 34746-4723		Mailing Address % BYRON K. SUTTON 5770 SPACECOAST PKWY. SPACE 431 KISSIMMEE FL 34746			
2. Principal Place of Business 21 1224 Dyer Blvd Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34741		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 FL Zip 29 Country 30		3. Date Incorporated or Qualified 07/21/1986 3a. Date of Last Report 06/13/1996 4. FEI Number 59-2693048 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 SUTTON, BYRON K. 5770 SPACECOAST PKWY SPACE 431 KISSIMMEE FL 34741 1224 Dyer Blvd Kissimmee, FL 34741				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	SUTTON, BYRON K.				
STREET ADDRESS	505 W SECOND				
CITY - ST - ZIP	WINDERMERE FL				
TITLE	DVP	☐ DELETE			
NAME	SUTTON, NORMA T.				
STREET ADDRESS	505 W SECOND				
CITY - ST - ZIP	WINDERMERE FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 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, upon an attachment with an address.					
SIGNATURE:  SIGNATURE REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-8-97 Daytime Phone # 0626756					

CR2E034 (9/96)