

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M65020 (3)

1. Corporation Name
THE CHEESE BARN, INC.



Principal Place of Business C/O RONALD L PATNODE 440 GRACE AVENUE PANAMA CITY FL 32401	Mailing Address C/O RONALD L PATNODE 440 GRACE AVENUE PANAMA CITY FL 32401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>1603 Maryland Ave.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>1603 Maryland Ave.</u> Suite, Apt. #, etc.
22 City & State 23 <u>Lynn Haven, FL</u> Zip Country 24 <u>32444</u> 25 <u>USA</u>	27 City & State 28 <u>Lynn Haven, FL</u> Zip Country 29 <u>32444</u> 30 <u>USA</u>

3. Date Incorporated or Qualified <u>01/19/1988</u>	4. FEI Number <u>59-2875491</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PATNODE, RONALD L.
440 GRACE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name JANINE SIMLER
 82 Street Address (P.O. Box Number is Not Acceptable)
1603 Maryland Ave.
 83
 84 City Lynn Haven FL 85 Zip Code 32444

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input type="checkbox"/>
NAME	PATNODE, RONALD L.	
STREET ADDRESS	440 GRACE AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DP	<input type="checkbox"/>
NAME	SIMLER, JANINE	
STREET ADDRESS	440 GRACE AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/>
NAME	PATNODE, ELIZABETH A	
STREET ADDRESS	440 GRACE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	M	<input type="checkbox"/>
NAME	ZACHERI, NADINE A	
STREET ADDRESS	440 GRACE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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: [Signature] **JANINE SIMLER** 4/28/98 (850) 265 8624

CR2E034 (10/97)