

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

FILED

**Jan 29 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 # **M92962** (3)
1. Corporation Name: **UNCLE FAT'S, INC.**



Principal Place of Business: **8745 TEMPLE TERR HGH (TAMPA, FL 33612)
P.O. BOX 290063
TEMPLE TERRACE FL 33687**

Mailing Address: **8745 TEMPLE TERR HGH (TAMPA, FL 33612)
P.O. BOX 290063
TEMPLE TERRACE FL 33687-0063**

3. Date Incorporated or Qualified: **08/05/1988** 3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business: **21 X 8745 TEMPLE TERRACE HWY**
Suite, Apt. #, etc.

2a. Mailing Address: **26 X 6916 LYNWOOD DR**
Suite, Apt. #, etc.

22. City & State: **TAMPA FLORIDA**

27. City & State: **TAMPA FLORIDA**

23. Zip: **33637** Country

28. Zip: **33637** Country

24. **33637** 25. **HILLSBOROUGH** 29. **33637** 30. **HILLSBOROUGH**

4. FEI Number: **59-2930805** 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: **MCGINNIS, J.S.
9216 KNIGHTS BRANCH STREET
TEMPLE TERRACE FL 33617**

81. Name: **X EUGENE R WAGNER**

82. Street Address (P.O. Box Number is Not Acceptable): **6916 LYNWOOD DR**

83. City: **TAMPA**

84. City: **TAMPA** 85. Zip Code: **FL 33637**

10. Name and Address of New Registered Agent

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: **EUGENE R WAGNER** DATE: **1-22-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGINNIS, TERI	
STREET ADDRESS	9216 KNIGHTS BRANCH ST	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	X PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WAGNER EUGENE R.	
1.3 STREET ADDRESS	6916 LYNWOOD DR	
1.4 CITY-ST-ZIP	TAMPA FLA 33637	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or on an attachment with an address.

SIGNATURE: **EUGENE R WAGNER** DATE: **1-22-97** DAYTIME PHONE #: **813 987-2382**

CR2E034 (9/96)