

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085239 (9)

1. Corporation Name
YUMMES, INC.

Principal Place of Business
**RT. 4 BOX 6748-29
CRAWFORDVILLE FL**

Mailing Address
**P.O. BOX 5465
TALLAHASSEE FL 32314**

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Organized 11/22/1994	25. Date of Last Report N/A
4. FEI Number 59-3281049	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24 32327	Country 25 Wakulla
Zip 29	Country 30 LEON

9. Name and Address of Current Registered Agent

**HAUGDAHL, ERIC J
922 E. LAFAYETTE STREET SUITE F
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	1.1 TITLE P/S/D	1.2 NAME MATTOX, JANE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTOX, JANE T	1.3 STREET ADDRESS P.O. BOX 5465 N/A	1.4 CITY - ST - ZIP TALLAHASSEE FL 32314	
STREET ADDRESS P.O. BOX 5465 N/A	2.1 TITLE V/T/D	2.2 NAME ARLENE PORTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP TALLAHASSEE FL 32314	2.3 STREET ADDRESS RT 5 BOX 837	2.4 CITY - ST - ZIP TALLAHASSEE FL 32311	
TITLE	3.1 TITLE D	3.2 NAME KEITH DAWKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3.3 STREET ADDRESS 2949 BYINGTON PL	3.4 CITY - ST - ZIP TALLAHASSEE FL 32303	
STREET ADDRESS	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
TITLE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
STREET ADDRESS	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Arlene Porta (ARLENE PORTA) 4/19/95 (904) 847-1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #