

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011919 (4)
1. Corporation Name

FOOD FOR THOUGHT OF SEBRING, INC.



Principal Place of Business: **299 US 27TH N SEBRING FL 33870**
Mailing Address: **299 US 27TH N SEBRING FL 33870**

3. Date Incorporated or Qualified: **02/13/1995**
3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt #, etc.
27. City & State
28. Zip
29. Country

25. Country
30. Country

4. FEI Number: **59-3297342**
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

**STARLING, LESLY
299 US 27TH N
SEBRING FL 33870**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0532 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, if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lesly Starling 299 US 27 North Sebring, FL 33870	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	500001913395 -08/06/96--01018--020 ***225.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information provided 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

6-26-96

Date

Date of Filing

CR2E034 (3/96)