

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000004352 (5)
 1. Corporation Name
SECRET PANTRY, INC.



Principal Place of Business COUNTRY RD 59 TALLAHASSEE FL 32308	Mailing Address 909 KENILWORTH RD TALLAHASSEE FL 32312
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1323 Miccosukee Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Tallahassee, FL	27 City & State 28
24 Zip 32308 Country U.S.A	29 Zip Country

3. Date Incorporated or Qualified 01/10/1997	
4. FEI Number 59-3459543	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EASON, LINTON B 909 KENILWORTH RD TALLAHASSEE FL 32312		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASON, JENNY C	1.2 NAME	V
STREET ADDRESS	909 KENILWORTH RD	1.3 STREET ADDRESS	Jeanine K. Slagle
CITY - ST - ZIP	TALLAHASSEE FL 32312	1.4 CITY - ST - ZIP	218 Grace St., Tallahassee, FL 32301
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASON, LINTON B	2.2 NAME	V
STREET ADDRESS	909 KENILWORTH RD	2.3 STREET ADDRESS	Edwin W. Carrell
CITY - ST - ZIP	TALLAHASSEE FL 32312	2.4 CITY - ST - ZIP	1010 Mimosa Dr. Tallahassee, FL 32312
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Sec/Tres
STREET ADDRESS		3.3 STREET ADDRESS	Linton B. Eason
CITY - ST - ZIP		3.4 CITY - ST - ZIP	909 Kenilworth Rd. Tallahassee, FL 32312
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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]*

1/8/98

CR2E034 (10/97)