

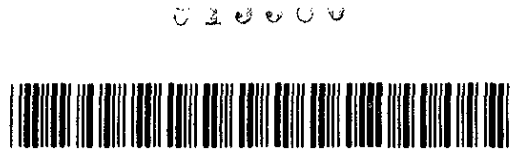
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**  
 03-07-2000 90002 015 \*\*\*150.00

**DOCUMENT # P97000004352**

1. Entity Name  
**SECRET PANTRY, INC.**

Principal Place of Business      Mailing Address  
**909 KENILWORTH RD**      **909 KENILWORTH RD**  
**TALLAHASSEE FL 32312**      **TALLAHASSEE FL 32312-3056**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-3459543**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**EASON, LINTON B**  
**909 KENILWORTH RD**  
**TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>EASON, JENNY C</b>
STREET ADDRESS	<b>909 KENILWORTH RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>EASON, LINTON B</b>
STREET ADDRESS	<b>909 KENILWORTH RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>CARRELL, EDWIN W</b>
STREET ADDRESS	<b>1010 MIMOSA DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>SECT</b> <input type="checkbox"/> Delete
NAME	<b>EASON, LINTON B</b>
STREET ADDRESS	<b>909 KENILWORTH RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linton B Eason      Date: 2/15/00      Daytime Phone #: 850-422-3160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)