

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

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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90107 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060511
 1. Corporation Name
MT. DORA GOURMET CRACKER MARKET, INC.



Principal Place of Business 2105 DOGWOOD CIRCLE MT. DORA FL 32757	Mailing Address 2105 DOGWOOD CIRCLE MT. DORA FL 32757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1998	
21	26	4. FEI Number 59-3524124		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip Country		29	
24	25	Zip Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MONTEITH, DAVID W 2105 DOGWOOD CIRCLE MT. DORA FL 32757				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D - PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	D - PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTEITH, DAVID W	1.2 NAME	DAVID W. MONTGITH
STREET ADDRESS	2105 DOGWOOD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D & VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, JEANNE	2.2 NAME	BLACK, JEANNE
STREET ADDRESS	1011 GORHAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MONTGITH, JOANNE
STREET ADDRESS		3.3 STREET ADDRESS	2105 DOGWOOD CR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MT DORA, FL 32757
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, with all other like empowered.

SIGNATURE: Joanne B. Montgith DATE: 4/26/99 DAYTIME PHONE #: 352-589-7000

CR2E034 (1/198)