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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M65020

(3)

THE CHEESE BARN, INC.

Principal Place	e of Business	Mailing Address			·					
C/O RONALD L PATNODE 440 GRACE AVENUE PANAMA CITY FL 32401		440 GRACE AVENUE	C/O RONALD L PATNODE 440 GRACE AVENUE PANAMA CITY FL 32401-2722							
								of Last F	· .	
2. Principa: Piace of Business 28. Mailing Addre						01/19/1988 4. FEI Number	05/01/1996 Applied For			
21		26			59-2875491		<u> </u>	ot Applicable		
Suite Apt. #. etc 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	l	\$8.75 Additional Fee Required		
City & State	9	City & State	h			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip Cou 29 30				8. This corporation has liability for intangible tax under s. 1 Florida Statutes Yes No				
	9, Name and Address of Curre		11			10. Name and Address of New Regist		ent		
PAT	NODE, RONALD L.			81	Name					
440 GRACE AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			1	
PAN	IAMA CITY FL 32401			83		**************************************				
				84	City		FL	<b>85</b> Zip	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with and accept the oblig	e of Florida. Such change was	authorize	d by	the corpora	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	ose of cl	nanging li itment as	ts registered registered	
SIGNATURE	Signature: typed or pented name of registered ag	ent and tire if applicable (NO)	ft: Registere	d Age	n) signature requ	ulred when reinstating) D	ATE			
12.	OFFICERS AN	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND D	IRECTO	RS IN 12	
TITLE	VPD	☐ DEFELE	1.1 3)	TLE			Ļ	] Change	Addition	
NAME	PATNODE, RONALD L.		1.2 N							
STRUET ADORESS	440 GRACE AVE. PANAMA CITY FL			IHEE I ITY - \$1	ADDRESS				ļļ.	
THLE	DP	DELETE	2.1 T)		1-41		L	Change	Addition (	
NAME	SIMLER, JANINE		2.2 N	AME				•		
STREET ADDRESS	440 GRACE AVE.		2.3 STRE		ADDRESS					
CITY-ST-ZIF	PANAMA CITY FL		2. 4 CITY-		T-ZIP					
TITLE	\$	[_] DELETE	3.1 Ti				L	J Change	Addition	
NAME Cross Largonson	PATNODE, ELIZABETH A		3.2 N							
STREET ADORESS OUTY-ST-ZII	440 GRACE AVE PANAMA CITY FL			IREET. ITY-S	ADDRESS T 710					
TILE	M	DELETE	3.4 G		1-ZIF			Change	Addition	
NAME	ZACHERI, NADINE A		4. 2 N				_			
STREET ADDRESS	440 GRACE AVE		4.3 S	TREET.	ADDRESS					
CITY-ST 20F	PANAMA CITY FL		4.4 CI	TY - 51	r-zip				,	
TITLE		☐ DELETE	5.1 TI					Change	Addition	
NAME			5.2 NAME							
STREET ADORESS					ADDRESS					
CHY-SI-ZH THLE		DELETE	5.4 CI 6.1 TI	TY-SI TIF	I - ZIP		Т	Change	Addition	
NAME		Last Process	6.2 N				L	1 Minnigo	Addition	
STEEL ADORESS					ADDRESS					
CHY-SI-ZIP			6.4 CI	TY - S1	r-zip				1	
14. I do heret	by certify that the information supplie	ed with this filing does not quali	fy for the	exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I f	urther c	ertify 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 eath; that Larn 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

SOUNTING AND LYPE OR CHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (904) 769 3892

**FILED** 

May 08 1997 8:00am

Secretary of State