

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90065 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 257837

1. Corporation Name
ROBBY'S PANCAKE HOUSE, INC.

Principal Place of Business 1617 GULF TO BAY BLVD CLEARWATER FL 33755	Mailing Address 1617 GULF TO BAY BLVD CLEARWATER FL 33755
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1962	
21	Suite, Apt., etc.	26	Suite, Apt., etc.	4. FEI Number 59-0967544	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COOVER, MICHAEL S.
 1617 GULF-TO-BAY BLVD.
 CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name	DAVID S COOVER
82 Street Address (P.O. Box Number is Not Acceptable)	1617 GULF-TO-BAY BLVD
83	
84 City	Clearwater
85 Zip Code	FL 33755

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 David S Coover Jr DAVID S COOVER JR VP 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (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 type="checkbox"/> Addition
NAME	COOVER, DAVID S.	1.2 NAME	
STREET ADDRESS	1617 GULF TO BAY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	1.4 CITY-ST-ZIP	
TITLE	S/T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, PHILIP E.	2.2 NAME	
STREET ADDRESS	5399 COMMERCIAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOVER, MICHAEL S.	3.2 NAME	
STREET ADDRESS	10925 GULF BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33755	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOVER, DAVID S JR	4.2 NAME	
STREET ADDRESS	10925 GULF BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	Treasure Island, FL 33755	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:

DAVID S COOVER JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 727-360-453

CR2E034 (1/98)