

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriharp  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 332892 (9)  
1. Corporation Name  
YOUR PRODUCTION CUPBOARD INC

V#22913  
4/10/96



Principal Place of Business  
2060 PALMETTO ST - P O BOX 5048  
CLEARWATER FL 34618

Mailing Address  
2060 PALMETTO ST - P O BOX 5048  
CLEARWATER FL 34618

2. Principal Place of Business  
21 2060 Palmetto Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Clearwater, FL  
Zip  
24 34625  
Country  
25

2a. Mailing Address  
26 P.O. Box 4607  
Suite, Apt. #, etc.  
27  
City & State  
28 Clearwater, FL  
Zip  
29 34618  
Country  
30

3. Date Incorporated or Qualified  
07/25/1968

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1215801

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GROSS, DAVID K  
2060 PALMETTO ST  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name  
Gross, David K.  
82 Street Address (P.O. Box Number is Not Acceptable)  
843 Lora Lane  
83  
84 City  
Tarpon Springs  
FL  
85 Zip Code  
34689

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DAVID K	1.2 NAME	
STREET ADDRESS	2060 PALMETTO ST.	1.3 STREET ADDRESS	843 Lora Lane
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS, GROSS V	2.2 NAME	
STREET ADDRESS	2060 PALMETTO ST.	2.3 STREET ADDRESS	843 Lora Lane
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DAVID K.	3.2 NAME	
STREET ADDRESS	2060 PALMETTO STREET	3.3 STREET ADDRESS	843 Lora Lane
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	000001839900
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/25/96--01003--018
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David K. Gross  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96  
Date

813-446-6649  
Phone No.

CR2E034 (12/95)