## 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 # 438161

FAMOUS RECIPE FRIED CHICKEN OF SANFORD, INC.

Principal Place of Business 1905 S FRENCH AVE SANFORD FL 32771

Mailing Address

681 FORT ROSE DR

WINTER SPRINGS FL 32708-2218

**FILED** Jan 28 1997 8:00am Secretary of State

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US	3. Date Incorporated or Qualified 3a. Date of Last Report 07/16/1996
2. Principal Place of Business 28. Mailing Address	4. FEI Number Applied For
21 1905 5. FRENCH AVE 26 4044 5. PENINSULA	7 De 59-1489903 Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27 S. DAYTONA BISACH	5. Certificate of Status Desired See Required Fee Required
City & State City & State  23	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip Country Zip Country 25 SEMINULE 29 30	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
82 Street A WINTER SPRINGS FL 32708	Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familier with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  Street Species provides a forest red agent and title of applicable (NOTE: Registered Agent signature).  12. OFFICERS AND DIRECTORS  13.	oration's board of directors. I hereby accept the appointment as registered
	Change   feddition
NAME SULLIVAN, ROBERT G 1.2 NAME STREFT ADDRESS 681 FORT ROSE DR 1.3 STREET ADDRESS	SULLIVAN ROBERT G ADDRESS 4044 S. PENINSULA DZ
CITY-ST-ZIP WINTER SPRINGS FL 1.4 CITY-ST-ZIP	J. DAYTONA BEACH FL. 32127
TITLE VP 2.1 TITLE	VP Change Addition
NAME SULLIVAN, MARGURETTE 2.2 NAME	MARGURETTE ADDRESS 4044 S. PENINSULA DR
STREET ADDRESS 681 FORT ROSE DR 2.3 STREET ADDRESS	4099 5. PONIM 4
CITY-ST-ZIP WINTER SPRINGS FL" 2.4 CITY-ST-ZIP	S. DAYTONA BEACH FL. 32/27
TITLE T DELEVE 3.1 TITLE	S 🚉 🔲 Change 🔲 Addition
NAME SCOTT, ELLEN K 32 NAME	
STREET ADDRESS 2801 ALBANY AVE 3.3 STREET ADDRESS	·
CITY-ST-ZIF WAYCROSS GA 3.4. CITY-ST-ZIP	•
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TILE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CHY - ST - ZIP	Change Addition
Trible 1	LI Grønge LI Addicon
NAME 6.2 NAME	

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:** 

Daytime Phone #