

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **508141** (9)
1. Corporation Name
JIM GARRAHY'S FUDGE KITCHEN OF FLORIDA, INC.



Principal Place of Business 1140 CHAMBERSBURG RD GETTYSBURG PA 17325	Mailing Address 1140 CHAMBERSBURG RD GETTYSBURG PA 17325-3314
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/30/1976	3a. Date of Last Report 04/29/1996
		4. FEI Number 23-2008217	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WELLS, BONNIE J. 720 WHITFIELD AVENUE SARASOTA FL 34243	10. Name and Address of New Registered Agent 81 Name Marcia Turner 82 Street Address (P.O. Box Number is Not Acceptable) 120 20th Avenue N 83 84 City St. Petersburg FL 85 Zip Code 33704
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Marcia Turner* 2/24/97
(Signature of the person who is the registered agent and, if applicable, the registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GARRAHY, JAMES L <input type="checkbox"/> DELETE	1.1 TITLE Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS	1140 CHAMBERSBURG RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	GETTYSBURG, PA 00000	1.4 CITY-STATE-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAITLAND, JOYCE R	2.2 NAME	
STREET ADDRESS	1140 CHAMBERSBURG RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	GETTYSBURG, PA 00000	2.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAITLAND, BRENDA	3.2 NAME	
STREET ADDRESS	1140 CHAMBERSBURG RD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	GETTYSBURG, PA 00000	3.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAMPLER, DORIS E.	4.2 NAME	
STREET ADDRESS	1140 CHAMBERSBURG RD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	GETTYSBURG PA	4.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, DONALD L	5.2 NAME	
STREET ADDRESS	1140 CHAMBERSBURG RD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	GETTYSBURG PA	5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 and dated 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: *Doris E. Wampler, Treas.* 3-27-97 717/334-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Doris E. Wampler, Treasurer

CR2E034 (9/96)