FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **576775** **(1)**

1. Corporation Name

PINELLAS FARMHOUSE, INC.

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1978**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **95-3309796** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	TALLICHET, DAVID C., JR.	1 NAME	
STREET ADDRESS	4155 E LA PALMA AVE	1 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	1 CITY-ST-ZIP	
TITLE	AS	2 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, JUDITH	2 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	2 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	2 CITY-ST-ZIP	
TITLE	DV	3 TITLE	☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	3 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	3 CITY-ST-ZIP	
TITLE	AT	4 TITLE	☐ Change ☐ Addition
NAME	ROYSE, BOB D.	4 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	4 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	4 CITY-ST-ZIP	
TITLE	ST	5 TITLE	☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	5 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	5 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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.

SIGNATURE: Cecilia Tallichet V.P. Cecilia Tallichet 4-21-95 714 579 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393211 CP