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 # 677949 (0) WINDY FISH COOKERS, INC.					
Principal Place of Business 4532 LAND O'LAKES BLVD LAND O'LAKES FL 34639 US		Mailing Address 1805 REBECCA ROAD LUTZ FL 33549-4531		. Inding breet today today their divid for artiful breet about alter alter atter	
				3. Date incorporated or Qualified	
	Place of Business	2a. Mailing Address		4. FEI Number Applied For 59-2004525 Not Applicable	
21 Suite, Apt	#, etc.	Suite, Apt. #, etc.		S8 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
Crly & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution	
Ζιρ 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
FYFE, FRANK D 1805 REBECCA ROAD LUTZ FL 33549				Iress (P.O. Box Number is Not Acceptable)	
			84 City	FL 85 Zip Code	
11. Pursuant office or agent. La	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the of	bligations of, Section 607.0505, F	lorida Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registere	d agent and title if applicable (NO AND DIRECTORS	OTE: Registered Agent signature requi	Ared when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OP OFFICERS	DELETE DELETE	1.1.TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FYFE, FRANK D		1/2 NAME		
\$1RFET ADDRESS	1805 REBECCA ROAD LUTZ FL		1.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	LUIZ FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition	
NAME		_	22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T butte	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
THE		DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T p.p. pro	4.4 City-St-ZiP		
TIFLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAMÉ CTREET ADDIGUES			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY - ST - ZIP THTLE		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAMÉ			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CHTY-ST-ZIP			6.4 CITY-ST-ZIP		
informati	oby certify that the information sup- ion indicated on this annual report officer or director of the corporatio in Block 12 or Block 13 if change	or supplemental annual report is on or the succiver or trustee emoc	true and accurate and that	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oath; the ort as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAI

AME OF BIGHING PHOER O

DIRECTOR

April 14, 19

<u>813-996-3826</u>

FILED

May 01 1997 8:00am

Secretary of State