## 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 # 686122

(3)

FLORIDA FAST FOODS, INC.

Principal Plac 1031 S. PINE		Mailing Address P.O. BOX 2903				·· <del>·</del>				
OCALA FL 34474 OCALA FL 34478-2903 US										
							3. Date Incorporated or Qualified 09/02/1980		ate of Last F <b>06/1996</b>	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	oplied For		
21		26]			59-2017800			ot Applicable		
Suite, Apt	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired		
City & Stall	C	City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution			to Fees	
Zip Timi	}		Country				8. This corporation has liability for			. 199.032,
24	25   g. Name and Address of Curre	29 29 Agent	30	Τ	···		Florida Statutes  10. Name and Address of New Re		No Agent	
STEPHENS, DWIGHT H.					Nam	e	10.			
601 SE HWY 42				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
ŞUI	MMERFIELD FL 34491			83			7			
				63						
				84	City			FL	<b>85</b> Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Staten familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change wa gations of, Section 607.0505,	lutes, the a s authorize Florida Sta	bove d by tutes	-name the co	ed corpo orporatio	oration submits this statement for the pon's board of directors. I hereby accept	ourpose o	f changing i pointment as	ts registered registered
	Signature, typical or present name of registered as			d Age	nt signat	ure require	d when reinstaling)	DATE		
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.11	IT) F		T	ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR  Change	R\$ IN 12
NAME	STEPHENS, DWIGHT H.	E OCCCIO	•	1.2 NAME 1.3 STREET ADDRESS					□ outrigo	
STREET ADDRESS	3575 HWY 162					s				
CITY-S1-ZiP	MARIANNA FL	j.		1.4 CITY - ST- ZIP						
TITLE	DELETE			2.1 T(TLE					Change	Addition
NAM:			22N	2 NAME						
STREET ADDRESS			23 STREET ADDRESS		s					
Crity St-Zir		DELETE	2 4 CITY-ST- ETE. 31 TITLE		ST-ZIP				Change	Addition
NAME	— <b>1</b>		1	3 FIRLE					FT CHANGE	L MODITION
STREET ADDRESS	{				ADDRESS	s				
CHY-\$1-7IP					ST - ZIP	·				
110				4.1 TITLE				····	Change	Addition
NAME			4.21	NAME						
STREET ADORESS			4.3 S	TREET	ADDRES	s				
City-St-ZiP			4.4 CITY - ST - ZIP					Change	Addition	
THILE		☐ DELETE	51 T			1			change	LT Manioil
NAME CARELL ADMINISTRA			52 N		ADDDEO					
STREET ADDRESS					ADDRES	٥				
CHY-S1-2IF		DELETE	5.4 C	ITY-S	it" ZIP				Change	Addition
NAM:		Basel Control of the	6.2 N							
STREET ADDRESS	}				ADDRES	s				
CITY \$1-7/P				OTY - S						

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 indicates on this annual report of supplemental infinitely 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 dypod ation or the required fundamental manual 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 dypod ation or the required fundamental report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

TO TYPED OF PRINTED LANE OF SIGNING OFFICER OF DIRECTOR

ent with an address

4-7-9

3527324497 Daytime Phone

**FILED** 

Apr 10 1997 8:00am

Secretary of State