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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90005 047 ***150.00

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DOCUMENT #	F42784
1. Corporation Name	

YODER'S RESTAURANT, INC.

Princ	ipal Pl	ace of	Business
3434	BAHIA	VISTA	ST

Mailing Address

3434 BAHIA VISTA ST SARASOTA FL 34239

SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/31/1981 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2120533 26 21 \$8:75-Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip This corporation owes the current year Intangible Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YODER, AMANDA 82 Street Address (P.O. Box Number is Not Acceptable) 3434 BAHIA VISTA ST SARASOTA FL 34237 83 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE YODER, AMANDA 1.2 NAME NAME 3537 BIRKY ST. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE EMRICH, MARY LOU 2.2 NAME NAME 1022 GRABER AVE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE YODER, ANNA MARIE 3.2 NAME NAME 3537 BINKY ST 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ DELETE 4.1 TITLE TITLE EMRICH, TODD W. 4.2 NAME NAME 1022 GRABER AVE 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 4.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE 517THE TITLE 5.2 NAME EMRICH, TODD W NAME 5.3 STREET ADDRESS 1022 GRUBER AVE STREET ADDRESS SARASOTA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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 of the receiver or trustee empediate to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if of anged, or on an attachment with an addepss, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99 941-955-7771

CR2E034 (11/98)