FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G12360** (5)

1. Corporation Name
SCRUMPY'S HOT AND SPICEY CHICKEN WINGS, INC.

Principal Place of Business
2001 AVE D
P O BOX 913
FT PIERCE FL 34954

Mailing Address
2001 AVE D
P O BOX 913
FT PIERCE FL 34954

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified: 12/07/1982
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2246525 [ ] 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 [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

BOWMAN, PAULA A.
304 SOUTH 21ST STREET
FT PIECE FL 33950

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

12. OFFICERS AND DIRECTORS

TITLE	PT	[ ] DELETE
NAME	BOWMAN, PAULA A	
STREET ADDRESS	304 S 21ST ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

1 TITLE		[ ] Change	[ ] Addition
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		[ ] Change	[ ] Addition
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		[ ] Change	[ ] Addition
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		[ ] Change	[ ] Addition
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		[ ] Change	[ ] Addition
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[ ] Change	[ ] Addition
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-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 indicated on this report or supplemental 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: Paula A. Bowman Pres. 2-15-96 407-461-2439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAULA A. BOWMAN PRESIDENT

CR2E034 (12/95)