## 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 # H13445

(2)

QUALITY SAUSAGE HOUSE, INC.

FILED Feb 10 1997 8:00am Secretary of State



Principal Place of Business		Maning Address					
% GEORGE HUDAK 05 9TH AVE. N. SAFETY HARBOR FL 34695		Quality Sausage House Inc. 805- 9th Ave. N. Safety Harbor Fl. 34695-2919					
		U\$			3. Date Incorporated or Qualified		
9 Driverion D	ace of Business	28. Mailing Address			4. FEI Number		Applied For
<del></del>	ace of Business	<del>-</del>			59-2479451	1 1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		35-2475431			
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	•	City & State		6. Election Campaign Financing	\$5.0	O May Be	
23		28		Trust Fund Contribution		d to Fees	
Zip	Country	Zφ	Žip Country		8. This corporation has liability for in	ntangible tax under	s. 199.032,
24	25	29	30		Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Agent	
HUD	AK, GEORGE P		81	Name			
	9TH AVE. NORTH		82 Street Addre		ddress (P.O. Box Number is Not Acceptab	lo)	
	ETY HARBOR FL 34695		BZ Street Addre		duress (F.O. Box Number is Not Acceptab	)	-
<b>4.</b>			83				
			84	City		FL 85 Zi	p Code
44 5	607.00	20 CO7 1600 Florido State	des the show		properation submits this statement for the p		vite registered
office or r	io the provisions of Sections 607.050 eaistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	the appointment	as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	S.			
SIGNATURE							
	Signature, typed or printed name of registered ag			ent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	700 IN 12
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/GHANGES TO OFFICE	☐ Chang	
TITLE		L. DECEIE	1.1 TITLE 1.2 NAME				
NAME	HUDAK, GEORGE						
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP				ST - Z(P			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	L] DELETE					☐ Chang	e [_] Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE	DELETE 3.1					Chang	e 🔲 Addition
NAME	3.						
STREET ADDRESS			3 3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Chang	e 🔲 Addition
NAME			4. 2 NAME		e sac e		
STREET ADDRESS			1	F ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Chang	e 🔲 Addition
NAME		_	5.2 NAME	1		_	
				1 ADDRESS			
STREET ADDRESS			i i				
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE	31-ZIP		☐ Chang	e 🔲 Addition
TITLE		O.C. II				والماان مب	
NAME			6.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		-1 -14 -14 - CP-	6.4 CITY -		ated in Section 119 07(3)(i) Florida Statute	a I fourth as a assist - se-	at the
TALL I do horo	nu nartitu that tan informatica numbir	sa with this bline done not and	mu for the ev	ornouan eta	nea in Section 119 11/2001 Flotida Statuté	s a turider certity if	ters 17 Det

6. I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(f). 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.

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