

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H37839

1. Corporation Name

IN-N-OUT HAMBURGERS, INC.

Principal Place of Business  
13502 HAMBURGER LANE  
BALDWIN PARK CA 91706  
US

Mailing Address  
223 W. FOOTHILL BLVD  
2ND FLOOR  
CLAREMONT CA 91711  
US

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90084 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1985

4. FEI Number

95-3962757

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

c/o Forrest F. Wolfe

1055 N. Euclid Avenue

Ontario, California

91762

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNYDER, ESTHER	
STREET ADDRESS	13502 HAMBURGER LANE	
CITY-ST-ZIP	BALDWIN PARK CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WRIGHT, WILLIAM THOMAS	
STREET ADDRESS	13502 HAMBURGER LANE	
CITY-ST-ZIP	BALDWIN PARK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, H. GUY	
STREET ADDRESS	13502 HAMBURGER LANE	
CITY-ST-ZIP	BALDWIN PARK CA	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>VAN FLEET, CARL</del>	
STREET ADDRESS	<del>13502 HAMBURGER LANE</del>	
CITY-ST-ZIP	<del>BALDWIN PARK CA</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KOTCH, ROGER</del>	
STREET ADDRESS	<del>13502 HAMBURGER LN</del>	
CITY-ST-ZIP	<del>BALDWIN PARK CA</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

*Esther L. Snyder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esther L. Snyder

(626) 813-8201

Date

Daytime Phone #

CR2E034 (11/98)

0554651