SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 10: 57

DOCUMENT # **H88960** (0)

1. Corporation Name
ROBBY'S PANCAKE MIX, INC.

Principal Place of Business	Mailing Address
8274 RIVER CITY DR SPRING HILL FL 34607 US	8274 RIVER CITY DR SPRING HILL FL 34607 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 12/10/1985
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-2618254 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HORNIK PHILIP E.
8274 RIVER COUNTRY DRIVE
SPRING HILL FL 34607

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HORNIK, PHILIP E.	1.2 NAME	
STREET ADDRESS	1617 GULF-TO-BAY BLVD	1.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	COOVER, MICHAEL S.	2.2 NAME	
STREET ADDRESS	1617 GULF-TO-BAY BLVD	2.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ROBINSON, JULIA	3.2 NAME	
STREET ADDRESS	1617 GULF-TO-BAY BLVD	3.3 STREET ADDRESS	DELETE
CITY ST ZIP	CLEARWATER FL	3.4 CITY ST ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	COOVER, DAVID S.	4.2 NAME	
STREET ADDRESS	1617 GULF-TO-BAY BLVD	4.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, BARBARA	5.2 NAME	
STREET ADDRESS	1617 GULF-TO-BAY BLVD	5.3 STREET ADDRESS	DELETE
CITY ST ZIP	CLEARWATER FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE Philip E. Hornik 7/15/95 904 597 4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0167150 FP