

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

12/10/1985

3a. Date of Last Report

07/24/1995

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

10. Name and Address of New Registered Agent

HORNIK PHILIP E.  
8274 RIVER COUNTRY DRIVE  
SPRING HILL FL 34607

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
HORNIK, PHILIP E.  
1617 GULF-TO-BAY BLVD  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
COOVER, MICHAEL S.  
1617 GULF-TO-BAY BLVD  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
COOVER, DAVID S.  
1617 GULF-TO-BAY BLVD  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP E HORNIK

Date

Daytime Phone #

4/30/96

352-597-4614

CR2E034 (12/95)