

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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # H88960

(0)

1. Corporation Name

ROBBY'S PANCAKE MIX, INC.

Principal Place of Business

~~8274 RIVER CITY DR--~~
SPRING HILL FL 34607-
US

Mailing Address

~~8274 RIVER CITY DR~~
SPRING HILL FL 34607-
US



2. Principal Place of Business

21 5399 COMMERCIAL WAY
Suite, Apt. #, etc.

22 City & State
23 SPRING HILL FL

24 34606 Country
25 USA

2a. Mailing Address

26 5399 COMMERCIAL WAY
Suite, Apt. #, etc.

27 City & State

28 SPRING HILL FL
29 34606 Country
30 USA

3. Date Incorporated or Qualified

12/10/1985

3a. Date of Last Report

05/01/1996

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

SAME (ADDRESS CHANGE ONLY)

82 Street Address (P.O. Box Number is Not Acceptable)

5399 COMMERCIAL WAY

83

84 City

SPRING HILL

FL

85 Zip Code
34606

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	HORNIK, PHILIP E.	1817 GULF-TO-BAY BLVD	CLEARWATER FL	<input type="checkbox"/>
SD	COOVER, MICHAEL S.	1817 GULF-TO-BAY BLVD	CLEARWATER FL	<input type="checkbox"/>
VPD	COOVER, DAVID S.	1817 GULF-TO-BAY BLVD	CLEARWATER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5399 COMMERCIAL WAY	SPRING HILL FL 34606	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5399 COMMERCIAL WAY	SPRING HILL FL 34606	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5399 COMMERCIAL WAY	SPRING HILL FL 34606	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

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 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 or changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

352 597 4614

0626042

CR2E034 (9/96)