

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90106 049 ***150.00

DOCUMENT # H88960

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

Principal Place of Business
5399 COMMERCIAL WAY
SPRING HILL, FL 34606
US

Mailing Address
5399 COMMERCIAL WAY
SPRING HILL FL 34606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1985

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

2. Principal Place of Business
21 10925 GULF BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 10925 GULF BLVD
Suite, Apt. #, etc.

22 City & State
23 TREASURE ISLAND
Zip Country
24 33706 25 USA

27 City & State
28 TREASURE ISLAND
Zip Country
29 33706 30 USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HORNIK PHILIP E.
5399 COMMERCIAL WAY
SPRING HILL FL 34606

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10925 GULF BLVD
83
84 City TREASURE ISLAND FL 85 Zip Code 33706

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. (NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HORNIK, PHILIP E.
STREET ADDRESS 5399 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10925 GULF BLVD
1.4 CITY-ST-ZIP TREASURE ISLAND FL 33706
☒ Change ☐ Addition

TITLE SD
NAME COOVER, MICHAEL S.
STREET ADDRESS 5399 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL
☐ DELETE

2.1 TITLE VP D
2.2 NAME COOVER DAVID S JR.
2.3 STREET ADDRESS 10925 GULF BLVD
2.4 CITY-ST-ZIP TREASURE ISLAND FL 33706
☒ Change ☐ Addition

TITLE VPD
NAME COOVER, DAVID S.
STREET ADDRESS 5399 COMMERCIAL WAY
CITY-ST-ZIP CLEARWATER FL
☐ DELETE

3.1 TITLE SD
3.2 NAME
3.3 STREET ADDRESS 10925 GULF BLVD
3.4 CITY-ST-ZIP TREASURE ISLAND FL 33706
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 a I other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

800 372 6225

Daytime Phone #

CR2E034 (11/98)

0492191