

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90080 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H98385**

1. Corporation Name  
**INSIDE-N-OUT INC.**

Principal Place of Business

% CHRISTINE WALKER  
2715 BYWOOD RD.  
JACKSONVILLE FL 32211

Mailing Address

% CHRISTINE WALKER  
2715 BYWOOD RD.  
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/10/1986**

4. FEI Number

**59-2618025**

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 **8044 COPPERFIELD**  
Suite, Apt. #, etc. **Cir. S**

2a. Mailing Address

26 **8044 COPPERFIELD Cir S.**  
Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

Zip Country

24 **32244** 25 **USA**

Zip Country

29 **32244** 30 **USA**

9. Name and Address of Current Registered Agent

WALKER, CHRISTINE  
2715 BYWOOD RD  
JACKSONVILLE FL 32211

*NEW  
ADDRESS*

10. Name and Address of New Registered Agent

81 Name **CHRISTINE WALKER**

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

83 **8044 Copperfield Cir S.**

84 City **JACKSONVILLE** 85 Zip Code **FL 32244**

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

*Christine Walker*

*Bres*

*1-28-99*

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 ☐ DELETE  
NAME **P WALKER, CHRISTINE**  
STREET ADDRESS **2715 BYWOOD RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P CHRISTINE WALKER**  
1.3 STREET ADDRESS **8044 Copperfield Cir S.**  
1.4 CITY-ST-ZIP **JAX FL 32244**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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:

*Christine Walker* **CHRISTINE WALKER** *1-28-99* *904 744-8493*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)