SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 AUG 26 AH 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K24252 (4)

1. Corporation Name

APPLE ANNIE'S HOUSE, INC.

Principal Place of Business	Mailing Address
~~701~~ 695 N. MAIN STREET HIAWASSEE GA 30546 US	P. O. BOX 189 HIAWASSEE GA 30546 US

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: **05/19/1988**
3a. Date of Last Report: **07/14/1995**
4. FEI Number: **59-2904985** ☐ 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

PRYOR, MICHELE A.
~~7198 121ST WAY~~ 2517 DOVETAIL DR.
~~SEMINOLE FL 34642~~ OCOEE, FL

10. Name and Address of New Registered Agent

81 Name: [illegible, crossed out]
82 Street Address (P.O. Box Number is Not Acceptable): [illegible, crossed out]
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

TITLE	CD	☐ DELETE
NAME	ISENHOUR, RICHARD D.	
STREET ADDRESS	403 N. MOUNTAIN DRIVE	
CITY-ST-ZIP	HIAWASSEE GA	
TITLE	D	☐ DELETE
NAME	ISENHOUR, NANCY K.	
STREET ADDRESS	403 N. MOUNTAIN DRIVE	
CITY-ST-ZIP	HIAWASSEE GA	
TITLE	D	☐ DELETE
NAME	PRYOR, MICHELE A.	
STREET ADDRESS	2517 DOVETHAIL DRIVE	
CITY-ST-ZIP	OCOEE FL	
TITLE	D	☐ DELETE
NAME	GEBBEN, LAUREL L.	
STREET ADDRESS	2122 LILYPAD LANE	
CITY-ST-ZIP	WINDERMERE FL	
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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

8/15/96 97825 016
$225.00
$BANK

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy K. Isenhour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/96 706/896-1301
Date — Daytime Phone #