

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K24252**

(4)

1. Corporation Name

APPLE ANNIE'S HOUSE, INC.

Principal Place of Business

**695 N. MAIN STREET
HIAWASSEE GA 30546
US**

Mailing Address

**P. O. BOX 189
HIAWASSEE GA 30546-0189
US**



3. Date Incorporated or Qualified

05/19/1988

3a. Date of Last Report

08/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRYOR, MICHELE A.
2517 DOVETAK DRIVE
OCFEE FL**

81 Name

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

2838 W. FAIRBANKS

83

84 City

WINTER PARK FL

85 Zip Code

32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ISENHOUR, RICHARD D.	
STREET ADDRESS	403 N. MOUNTAIN DRIVE	
CITY - ST - ZIP	HIAWASSEE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISENHOUR, NANCY K.	
STREET ADDRESS	403 N. MOUNTAIN DRIVE	
CITY - ST - ZIP	HIAWASSEE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRYOR, MICHELE A.	
STREET ADDRESS	2517 DOVETAIL DRIVE	
CITY - ST - ZIP	OCFEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEBBEN, LAUREL L.	
STREET ADDRESS	2122 LILYPAD LANE	
CITY - ST - ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NUNNELLEY, MICHELE A.
3.3 STREET ADDRESS	2838 W. FAIRBANKS
3.4 CITY - ST - ZIP	WINTER PARK, FL 32789
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97 706/896 1307

CR2E034 (9/96)