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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90147 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K29351

1. Corporation Name

GUMBY'S OF TALLAHASSEE, INC.

Principal Place of Business

5217 SW 91 ST DR
GAINESVILLE FL 32608
US

Mailing Address

5217 SW 91 ST DR
GAINESVILLE FL 32608
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1988

4. FEI Number

59-2887808

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

9. Name and Address of Current Registered Agent

HIPPLER, CHANCELLOR
4306 SW 94 DR
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

JOHN F. HAYTER

82 Street Address

Attorney at Law, P.A.

83

704 Northeast First Street

84 City

Gainesville, FL 32601

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HIPPLER, CHANCELLOR
STREET ADDRESS 901 NW 8TH AVE. #B-5
CITY-ST-ZIP GAINESVILLE FL

TITLE VSD ☐ DELETE

NAME O'BRIEN, JEFF
STREET ADDRESS 901 NW 8TH AVE. #B-5
CITY-ST-ZIP GAINESVILLE FL

TITLE AS ☒ DELETE

NAME PEEK, DAVID H.
STREET ADDRESS 1609 GULF LIFE TOWER
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-12-99

CR2E034 (1/98)