

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 15, 1999 8:00 am
Secretary of State

04-15-1999 90146 020 ***150.00

DOCUMENT # K61520

1. Corporation Name

GUMBY'S OF OHIO STATE, INC.

Principal Place of Business

5217 SW 91ST DR
GAINESVILLE FL 32608

Mailing Address

5217 SW 91ST DR
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1989

4. FEI Number

59-2926236

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
Gainesville, FL 32601

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD
HIPPLER, CHANCELLOR
STREET ADDRESS
4306 SW 94 DR
CITY-ST-ZIP
GAINESVILLE FL 32608

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
4306 SW 94 DR
CITY-ST-ZIP
GAINESVILLE FL 32608

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

NAME

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
1609 GULF LITE TOWER
CITY-ST-ZIP
JACKSONVILLE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

CR2E034 (11/98)