FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L27772** **(7)**

1. Corporation Name

CHRIS'S COOKIES, INC.

Principal Place of Business	Mailing Address
~~601 HARBOR ISLAND BLVD.~~ ~~TAMPA FL 33602~~	~~601 HARBOR ISLAND BLVD.~~ ~~TAMPA FL 33602~~

3. Date Incorporated or Qualified: **11/02/1989**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-2976154** ☐ 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. The corporation is eligible for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3215 S MACDILL AVE	26 3215 S MACDILL AVE
Suite, Apt. #, etc. 22 STE D	Suite, Apt. #, etc. 27 STE D
City & State 23 TAMPA	City & State 28 TAMPA
Zip / County 24 33629-8172 / 25 Hills.	Zip / County 29 33629-8172 / 30 Hills

9. Name and Address of Current Registered Agent

JUCKEM
SOUTHERN ACCOUNTING AND TAX SERVICE, INC.
16105 N. FLORIDA AVENUE, #E
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and Sec. 15.04, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FREEZE, CHRISTINE T		2 NAME	
STREET ADDRESS	16611 BLENHEIM		3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		4 CITY-ST-ZIP	
TITLE	DSVP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	FREEZE, DAVID W		6 NAME	
STREET ADDRESS	16611 BLENHEIM		7 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		8 CITY-ST-ZIP	
TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, true and accurate, 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 added, above with an address.

SIGNATURE: Christine T. Freeze 3/22/96 813 837-4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)