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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L32296** (0)
1. Corporation Name:
FOOT-IN-YOUR-MOUTH, INC.

Principal Place of Business: **100 PALAFOX PLACE PENSACOLA FL 32501**
Mailing Address: **100 PALAFOX PLACE PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **11/22/1989**
3a. Date of Last Report: **05/01/1994**

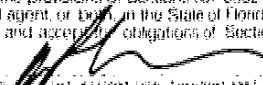
2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State, Apt. #, etc.: **22**
City & State: **23**
City: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-2978402** Applied For: Not Applicable
5. Certificate of Status Desired: **\$6.75 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:
**CETTI, CHARLES L.
817 N. PALAFOX ST.
PENSACOLA FL 32501**


10. Name and Address of New Registered Agent:
B1 Name: **SCOTT CALVERT**
B2 Street Address (P.O. Box Number is Not Acceptable): **6140 CHARLIS LANE**
B3
B4 City: **PENSACOLA** FL B5 Zip Code: **32524**

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:  **4-11-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-1)	
1. TITLE: DP	1. NAME: MORRISON, ROBERT B. III	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: 107 W. GREGORY ST.	2. STREET ADDRESS: DELETE	2. NAME: DELETE	
3. CITY, ST., ZIP: PENSACOLA FL	3. CITY, ST., ZIP: DELETE	3. STREET ADDRESS: DELETE	
4. TITLE: DVP	4. TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4. NAME: DELETE	
5. NAME: CLAVERT, WILLIAM MARK	5. NAME: DELETE	5. STREET ADDRESS: DELETE	
6. STREET ADDRESS: 644 7TH AVE.	6. STREET ADDRESS: DELETE	6. CITY, ST., ZIP: DELETE	
7. CITY, ST., ZIP: PACE FL	7. CITY, ST., ZIP: DELETE	7. TITLE: P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8. TITLE: P	8. NAME: SCOTT CALVERT	8. STREET ADDRESS: 6140 CHARLIS LANE	
9. NAME: DELETE	9. CITY, ST., ZIP: PENSACOLA, FL 32524	9. CITY, ST., ZIP: DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS: DELETE	10. NAME: DELETE	10. STREET ADDRESS: DELETE	
11. CITY, ST., ZIP: DELETE	11. CITY, ST., ZIP: DELETE	11. CITY, ST., ZIP: DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE: DELETE	12. NAME: DELETE	12. STREET ADDRESS: DELETE	
13. NAME: DELETE	13. CITY, ST., ZIP: DELETE	13. CITY, ST., ZIP: DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: DELETE	14. NAME: DELETE	14. STREET ADDRESS: DELETE	
15. CITY, ST., ZIP: DELETE	15. CITY, ST., ZIP: DELETE	15. CITY, ST., ZIP: DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 119.07(2)(b), 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 shareholder of the corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 on the 1st of change, and an attachment with an address.

SIGNATURE:  **4-11-95 (904) 469-0348**
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SCOTT CALVERT**