

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L42181 (2)**
1. Corporation Name
FLORIDA CRACKER FOOD SERVICE, INC.



Principal Place of Business: **% FLORIDA CRACKER CAFE
81 ST GEORGE ST
ST. AUGUSTINE FL 32084
US**

Mailing Address: **C/O WEEKS, LEN
P.O. BOX 3225
ST. AUGUSTINE FL 32085-3225**

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

3. Date Incorporated or Qualified: **01/12/1990**
3a. Date of Last Report: **03/20/1995**
4. FET Number: **59-2995055**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WEEKS, CLAUDE L., JR.
62 HYPOLITA STREET
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
	PSTD			<input type="checkbox"/>
	WEEKS, CLAUDE L., JR.	62 HYPOLITA STREET	ST. AUGUSTINE FL	
	VP			<input checked="" type="checkbox"/>
	WEEKS, RUSSELL K	125 PELICAN RD	ST AUGUSTINE FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
	P,VP,T,D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Weeks, Claude L., Jr.	62 Hypolita Street	St. Augustine, FL			
	S				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Weeks, Kristina G.	62 Hypolita Street	St. Augustine, FL			
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **Claude L. Weeks, Jr.** *Claude L. Weeks Jr* 1-22-96
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date of Filing: **(904) 824-1626**

CR2E034 (12/95)