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**Mar 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/12/1990	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2995055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVTD	<input type="checkbox"/> DELETE	1.1 TITLE WEEKS, CLAUDE L., JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEEKS, CLAUDE L., JR.		1.2 NAME	
STREET ADDRESS 62 HYPOLITA STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE WEEKS, RUSSELL K	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEEKS, RUSSELL K		2.2 NAME	
STREET ADDRESS 125 PELICAN RD		2.3 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE WEEKS, KRISTINA G	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEEKS, KRISTINA G		3.2 NAME	
STREET ADDRESS 62 HYPOLITA ST		3.3 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Claude L. Weeks, Jr. Claude L. Weeks, Jr. (904) 824-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)