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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:48

DOCUMENT # **L64795** **(2)**

1. Corporation Name
**MAMA MAE'S, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19651 BRUCE B DOWNS BLVD #B2<br>#4B<br>TAMPA FL 33647 | 19651 BRUCE B DOWNS BLVD #B2<br>#4B<br>TAMPA FL 33647 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3012696 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, JESSE A
12709 KITTEN TR
HUDSON 34669

10. Name and Address of New Registered Agent

81 Name: Jesse A. Richardson
82 Street Address (P.O. Box Number is Not Acceptable): 12709 Kitten Trail
83
84 City: Hudson FL 85 Zip Code: 34669

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: Jesse A. Richardson — 3-29-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARDSON, JESSE A | 12 NAME | |
| STREET ADDRESS | 12709 KITTEN TR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HUDSON FL | 14 CITY-ST-ZIP | |
| TITLE | S | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARDSON, SANDRA R | 22 NAME | |
| STREET ADDRESS | 12709 KITTEN TR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HUDSON FL | 24 CITY-ST-ZIP | |
| TITLE | VGM | 31 TITLE | ☒ Change ☐ Addition |
| NAME | DANN, JOHN W. | 32 NAME | VGM ALLEN R 1996 |
| STREET ADDRESS | 5950 CAROLINE DRIVE | 33 STREET ADDRESS | 7128 WASHINGTON ST |
| CITY-ST-ZIP | WESLEY CHAPEL FL | 34 CITY-ST-ZIP | NEW PORT RICHEY FLA 34652 |
| TITLE | VGC | 41 TITLE | ☐ Change ☒ Addition |
| NAME | BILTRESS, OTTO S. | 42 NAME | VS DORTHY KUNKLE |
| STREET ADDRESS | 4608 SERENA DR | 43 STREET ADDRESS | 6553 MORRELL CT. |
| CITY-ST-ZIP | TAMPA FL | 44 CITY-ST-ZIP | ZEPHERHILLS, FL. 33544 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(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:** Jesse A. Richardson — Jesse A Richardson — PRES. — 3/29/95 — 813-868-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304373 CP