

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M65020** (3)  
1. Corporation Name  
**THE CHEESE BARN, INC.**




Principal Place of Business <b>C/O RONALD L PATNODE 440 GRACE AVENUE PANAMA CITY FL 32401</b>	Mailing Address <b>C/O RONALD L PATNODE 440 GRACE AVENUE PANAMA CITY FL 32401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1603 Maryland Ave.</b> Suite, Apt. #, etc. 22 City & State 23 <b>LYNN HAVEN, FL.</b> Zip 24 <b>32444</b>	2a. Mailing Address 25 <b>1603 Maryland Ave.</b> Suite, Apt. #, etc. 27 City & State 28 <b>LYNN HAVEN, FL.</b> Zip 29 <b>32444</b>	3. Date Incorporated or Qualified <b>01/19/1988</b>	4. FEI Number <b>59-2875491</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>PATNODE, RONALD L. 440 GRACE AVENUE PANAMA CITY FL 32401</b>	10. Name and Address of New Registered Agent 81 Name <b>JANINE SIMLER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1603 Maryland Ave.</b> 83 84 City <b>LYNN HAVEN</b> FL 85 Zip Code <b>32444</b>
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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	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATNODE, RONALD L.	1.2 NAME	
STREET ADDRESS	440 GRACE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMLER, JANINE	2.2 NAME	
STREET ADDRESS	440 GRACE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATNODE, ELIZABETH A	3.2 NAME	
STREET ADDRESS	440 GRACE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHERI, NADINE A	4.2 NAME	
STREET ADDRESS	440 GRACE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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:  JANINE SIMLER 4/28/98 (250) 265 8624

CR2E034 (10/97)