

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M92962** (3)  
1. Corporation Name:  
**UNCLE FAT'S, INC.**



Principal Place of Business <b>8745 TEMPLE TERR HGH (TAMPA, FL 33612) P.O. BOX 290063 TEMPLE TERRACE FL 33687</b>	Mailing Address <b>8745 TEMPLE TERR HGH (TAMPA, FL 33612) P.O. BOX 290063 TEMPLE TERRACE FL 33687-0063</b>
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3. Date Incorporated or Qualified <b>08/05/1988</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business 21 <b>X 8745 TEMPLE TERRACE HWY</b> Suite, Apt. #, etc. 22 <b>8745</b> City & State 23 <b>TAMPA FLORIDA</b> Zip 24 <b>33637</b>	2a. Mailing Address 26 <b>X 6916 LYNWOOD DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>TAMPA FLORIDA</b> Zip 29 <b>33637</b> Country 25 <b>HILLSBOROUGH</b> 30 <b>HILLSBOROUGH</b>	4. FEI Number <b>59-2930805</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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MCGINNIS, J.S. 9216 KNIGHTS BRANCH STREET TEMPLE TERRACE FL 33617</b>	10. Name and Address of New Registered Agent 81 Name <b>X EUGENE R WAGNER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6916 LYNWOOD DR</b> 83 <b>TAMPA</b> 84 City <b>TAMPA</b> FL 85 Zip Code <b>33637</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: **EUGENE R WAGNER** (NOTE: Registered Agent signature required when reinstating) DATE: **1-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCGINNIS, TERI 9216 KNIGHTS BRANCH ST TEMPLE TERRACE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>X PRES WAGNER EUGENE R. 6916 LYNWOOD DR TAMPA FLA 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EUGENE R WAGNER** (NOTE: Registered Agent signature required when reinstating) DATE: **1-22-97** 813 987-2382

CR2E034 (9/96)