FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 10 PM 1:53

DOCUMENT # N03760 (8)

1. Corporation Name
TODAY'S FLORIDIAN, INC.

Principal Place of Business	Mailing Address
1700 6th St. N.W. ~~2071 KATIE CT~~ WINTER HAVEN FL ~~33884~~ 33881 US	1700 6th St. N.W. ~~2071 KATIE CT~~ WINTER HAVEN FL ~~33884~~ 33881 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1984
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2802152 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MATTOX, RAY
170 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	GNAGE, FRAN	1.2 NAME	HAMILTON, MARY
STREET ADDRESS	2071 KATIE CT	1.3 STREET ADDRESS	1700 6th st.N.W.
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VP	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	WINGATE, NANCY	2.2 NAME	JOHNSON, KAY
STREET ADDRESS	9 LAKE WINTERSET DR	2.3 STREET ADDRESS	291 WOLVERINA LN
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	HAINES CITY, FL
TITLE	VP	3.1 TITLE	VP ☐ Change ☐ Addition
NAME	HILL, ALICE	3.2 NAME	WALKER, BERTHA
STREET ADDRESS	216 PARKSIDE DR S.E.	3.3 STREET ADDRESS	6004 GRAND OAKS DR. S.E.
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	RSD	4.1 TITLE	RSD ☐ Change ☐ Addition
NAME	SCOTT, ISABEL	4.2 NAME	BOLDUC, NORMA
STREET ADDRESS	900 PIEDMONT DR S.E.	4.3 STREET ADDRESS	527 SYCOMORE LN
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	HAINES CITY, FL
TITLE	CS	5.1 TITLE	CS ☐ Change ☐ Addition
NAME	RUTH SMERZENSKI	5.2 NAME	YOUNG, WILMA
STREET ADDRESS	23 KENDRA CT. S.W.	5.3 STREET ADDRESS	293 WOLVERLINE LN
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	HAINES CITY, FL
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	MATLOCK, KIM	6.2 NAME	
STREET ADDRESS	399 TENNIS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HAMILTON MARY 1700 6th st. N.W. 4/4/95 (813)-293-3442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #