2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-18-2001 90014 018 ***150.00

DOCUMENT # P00000084406

1. Entity Name
HOLE IN THE WALL HOT DOG EMPORIUM, INC.

Principal Place of Business	Mailing Address
1706 BILLINGS AVENUE PANAMA CITY FL 32401	1706 BILLINGS AVENUE PANAMA CITY FL 32401

0103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1105 Beck Ave.	1105 Beck Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32401 / Country: USA	Zip: 32401 / Country: USA

4. FEI Number: 59-3670492 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINS, LILA M 1706 BILLINGS AVENUE PANAMA CITY FL 32401	Name: Donna G. Gibson Street Address (P.O. Box Number is Not Acceptable): 1105 Beck Ave. Changed by Amendment 5-29-01 City: Panama City, FL — Zip Code: 32401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: X Donna G. Gibson, Donna G. Gibson, President + CD — June 22, 01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☒ Delete	TITLE: President and CD	☐ Change ☒ Addition
NAME: Lila M. Higgins		NAME: Donna G. Gibson	
STREET ADDRESS: 1706 Billings Ave.		STREET ADDRESS: 8214 Palm Core Blvd.	
CITY-ST-ZIP: Panama City, FL 32401		CITY-ST-ZIP: Panama City Beach, FL 32408	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lila M. Higgins, Lila M. Higgins, President — 4-30-01 — 850-769-0862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donna G. Gibson, President

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corp.
niform Business Report Filings
O. Box 1500
llahassee, Fl 32302-1500

2. Article
70

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
MAY - 3 2001

C. Signature
X ☐ Agent ☐ Addressed

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

15-00-M-0952

Attachment 8785

P 000 008 4406

FEI #
59-3670492 for Hole in the Wall

LILA HIGGINS
1706 BILLINGS AVE.
PANAMA CITY, FL 32401

123

DATE 5-1-01

63-9022/2632
550

PAY TO THE ORDER OF Florida Dept. of State $ 150.00

One hundred fifty no/100 DOLLARS

Peoples First
Florida's Community Bank
Panama City, Florida 32405

FOR Uniform Bus. Report

Lila M. Higgins

⑆263290220⑆ 0000003175577⑈ 0123

MP

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Division of Corp. (Fla. Station)

ST ANDREW STATION 32401 USPS MAY 2001 Postmark Here

Postage	$ .34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.74

Name (Please Print Clearly) (to be completed by mailer)
Lila M. Higgins
Street, Apt. No.; or PO Box No.
1706 Billings Ave
City, State, ZIP+4
Panama City, Fl. 32401

PS Form 3800, July 1999 See Reverse for Instructions

7099 3400 0004 2908 1536