

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 20 AM 8:24

DOCUMENT # P37164 (1)

1. Corporation Name

A TASTE OF THE PAST, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**3356 REGAL DR.
ALCOA TN 37701**

3. Date Incorporated or Qualified **01/14/1992** 3a. Date of Last Report **01/27/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **62-1477121** Applied For ☐ Not Applicable ☐

22 City & State **27** City & State

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

23 Zip **28** Zip

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

24 Country **25** Country **29** Country **30** Country

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HODGE, JERRY
2669 MERCY DR.
ORLANDO FL 32808**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when restoring)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	ALLEN, CHARLES H.
STREET ADDRESS	3356 REGAL DR.
CITY - ST - ZIP	ALCOA TN
TITLE	VCD
NAME	ALLEN, LOIS
STREET ADDRESS	3356 REGAL DR.
CITY - ST - ZIP	ALCOA TN
TITLE	S
NAME	HODGE, JERRY
STREET ADDRESS	3356 REGAL DR.
CITY - ST - ZIP	ALCOA TN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 190.03(8), 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A TASTE OF THE PAST INC
Jerry L. Hodge, VP

JAN. 13 1995

(Date)

(Signature Number)