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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000011838 (9)

CHICK'S OF LABELLE, INC.

Principal Place of Business

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

| 4542 SPRINGVIEW CIR<br>LABELLE FL 33935 |   | 4542 SPRINGVIEW CIR<br>LABELLE FL 33935-5603   |  |  |  |
|---|---|--|--|--|--|
|   |   |  |  | 3. Date Incorporated or Qualified 12/15/1992   | 3a. Date of Last Report 04/15/1996           |
|   | Place of Business                       | 2a. Mailing Address  |  | 4. FEI Number  | Applied For                                  |
| 21                                      |   | 26   |  | 65-0401799   | Not Applicable                               |
| Suite, Apt. #, etc.                     |   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required               |
| City & State                            |   | City & State   |  | 6. Election Campaign Financing   | <b>\$5.00</b> May Be                         |
| 23                                      |   | 28   |  | Trust Fund Contribution  | Added to Fees                                |
| Zip<br>24                               | Country 25                              | Zip  | Country<br>30  | 8. This corporation has liability for i  | ntangible tax under s. 199.032,<br>∫Yes ☐ No |
| <del></del>                             | 9. Name and Address of Curren           |  |  | 10. Name and Address of New Re   | Jistered Agent                               |
| DAV                                     | /IS, GEORGE W.                          |  | 81 Namo  |  |  |
|   | 2 SPRINGVIEW CIRCLE                     |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptab   | 10)  |
|   | BELLE FL 33935                          |  | 52 Street Add  | iress (r.o. dox number is not Acceptad   | ie)  |
|   |   |  | 83   |  |  |
|   |   |  | and account to the contract of |  | ·  |
|   |   |  | 84 City  |  | FL 85 Zip Code                               |
| office or<br>agent. I<br>SIGNATURE      | am familiar with, and accept the obliga | ations of, Section 607.0505, F   | authorized by the corpora-<br>lorida Statutes.   | poration submits this statement for the p<br>ation's board of directors. I hereby accep  | t the appointment as registered              |
| 12.                                     | OFFICERS AND                            | and the second of the second o | 13.  | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12                      |
| TITLE                                   | D                                       | ☐ DELFTE   | 1.1 TOLE   |  | Change Addition                              |
| NAME                                    | DAVIS, GEORGE W                         |  | 1.2 NAME   |  |  |
| STREET ADDRESS                          | ARAA ODDINIONEDII OD                    |  | 1.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                             | LABELLE FL 33935                        |  | 1.4 CHY-ST-ZIP   |  |  |
| TITLE                                   |   | DELFYE   | 2.1 TULE   |  | Change Addition                              |
| NAME                                    |   |  | 2.2 NAME   |  |  |
| STREET ADDRESS                          | .                                       |  | 2.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                             |   |  | 2. 4 CHY-S1-ZIP  |  |  |
| 1/1LE                                   |   | DELETE   | 3.1 \TiTL\{  | and and the control of the second of the control of the second of the se | Change Addition                              |
| NAME                                    |   |  | 3.2 NAME   |  | -· <b>v</b> —                                |
| STREET ADDRESS                          | . ]                                     |  | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                             | []                                      |  | 3.4. CITY - ST - ZIP   |  |  |
| TITLE                                   | 1                                       | DELETE   | 4.1 TITLE  |  | Change Addition                              |
| NAME                                    | · ·                                     | C section  | 4. 2 NAME  |  | Li viangi Li rodinon                         |
|   | .]                                      |  | 4.3 STREET AUDRESS   |  |  |
| STREET ADDRESS                          | <u>'</u>                                |  | A A CITY, ST. 7IP  |  |  |
| DHY-ST-70                               |   |  |  |  |  |

14. I do hereby certify that the information supplied with this filing does not quality 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 each; 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 Monarged, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

1000

-11 175 11 16

☐ Change

☐ Change

Addition

Addition

**FILED** 

Apr 14 1997 8:00am

Secretary of State