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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000009640 (2)

POWERS BURGERS OF AVON PARK, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 362 US 27 SOUTH 382 US 27 SOUTH **AVON PARK FL 33825 AVON PARK FL 33825** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3166974 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Žiρ Country This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes ☐ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREENFELDER, GLEN E. Name 14217 THIRD STREET 62 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 83 84 City 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 againt and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CR2E034 (10/97 DELETE Change Addition TITLE 1.1 TITLE GREENFELDER, GAIL P NAME 1.2 NAME 36601 ST JOE RD. STREET ADDRESS 1.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZW 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZW 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME MALE 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 61 TITLE MAR 62 NAME

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the foot is true and securate and that my signature shall have the same legal effect as if made under oath; that I am an trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. 14. I hereby certify that the informatindicated on this annual report officer or director of the co Block 12 or Block 13 if cha

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GAIL GREENFELDER 4/28/98