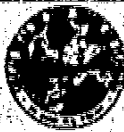


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052685 (3)

1. Corporation Name

INVERNESS DEPOT CAFE, INC.

Principal Place of Business

224 NORTH APOPKA  
INVERNESS FL 34450

Mailing Address

224 NORTH APOPKA  
INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/23/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3197759

Applied For:

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes ☒ Yes ☐ No

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUARLES, VIVEN A  
224 NORTH APOPKA  
INVERNESS FL 34450

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | QUARLES, VIVEN A.   |
| STREET ADDRESS | 5582 W. KEATING CT. |
| CITY-ST-ZIP    | HOMOSASSA FL        |
| TITLE          | T                   |
| NAME           | QUARLES, BOB B.     |
| STREET ADDRESS | 5582 W. KEATING CT. |
| CITY-ST-ZIP    | HOMOSASSA FL        |
| TITLE          | VP                  |
| NAME           | HARRELL, TOM        |
| STREET ADDRESS | 3037 S. SKYLINE DR. |
| CITY-ST-ZIP    | INVERNESS FL        |
| TITLE          | S                   |
| NAME           | HARRELL, DIANA      |
| STREET ADDRESS | 3037 S. SKYLINE DR. |
| CITY-ST-ZIP    | INVERNESS FL        |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | VP                                                                           |
| 3.3 STREET ADDRESS | Paquin, Marcel J.                                                            |
| 3.4 CITY-ST-ZIP    | 4550 S. Robert Blake Ave.                                                    |
|                    | Inverness, FL. 34452                                                         |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | S                                                                            |
| 4.3 STREET ADDRESS | Reps. Mary Jo                                                                |
| 4.4 CITY-ST-ZIP    | 4550 S. Robert Blake Ave.                                                    |
|                    | Inverness, FL. 34452                                                         |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Jo Reps Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (904) 860-2232  
DATE DAYTIME PHONE #