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



Sandra B, Mortham

COR ANNU	PROFIT CORPORATION INUAL REPORT 1998 FLORIDA DEPARTMENT Sandra B. Morti Secretary of Sta DIVISION OF CORPOR		Mortham y of State	May 07 1998 8 Secretary of S	
DOCUMENT # P93000054325 (4) FRIED GREEN TOMATOES, INC.					
Principal Place of Business Mailing Address 5480 GRIFFIN ROAD 5480 GRIFFIN ROAD DAVIE FL 33314 DAVIE FL 33314				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address		07/30/1993 4. FEI Number 65-0425393	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					8.75 Additional Fee Required
City & State	D	27 City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	8. This corporation owes or has paid the curren Personal Property Tax due June 30. 10. Name and Address of New Registered Age.	res 🔀 No
GENNILL, BILLIE 81 Name				10. Name and Address of New Registered Age	····
5480 GRIFFIN ROAD DAVIE FL 33314			62 Street Ad	dress (P.O. Box Number is Not Acceptable)	<u> </u>
			83		
			84 City	FL	35 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and late if applicable (NOTE Registered Agent agnature required when				juired when reinstating) DATE	
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	OEMANU DOUGE	☐ DELETE	1.1 TITLE	<u> </u>	Change
NAME	GENNILL, BILLIE 8684 BRIDLE PATH COURT		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	DAVIE FL		1.3 STREET ADDRESS		ţ.
BITLE		DELETE	21 1ste		Change
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 City-ST-ZIP	to the second	
TITLE		☐ DELETE	3.1 TITLE		Change [_] Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	L	Change LAddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		- 50000	6.2 NAME		mange realite(ii)
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7IP			EARITY CT 71D		

14. 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 annual report or suppliemental 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

FILED