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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000058477 (9) **DOCUMENT #**

BUNNY	'S CAFE OF LARGO, INC.							
Principal Place of Business 10500 ULMERTON ROAD SUITE 288 LARGO FL 34641		Mailing Address 10500 ULMERTON ROAL SUITE 288 LARGO FL 34641	10500 ULMERTON ROAD SUITE 288				Date of Last R	·
					3. Date Incorporated of 08/20/1993	or Qualmed 3a.	04/11/19	
2. Principal Pla	2a. Mailing Address	ing Address		4. FEI Number	FO 04030FO		Applied For	
21 26			A		59-3197259			Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status	Desired		Additional Required
22 City & State			City & State		6. Election Campaign	Financing		0 May Be
23		28	¬ ´			tion	•	d to Fees
Zip	Country	Zip	Country	1	8. This corporation ha			199.032,
24	25	29	30		Florida Statutes 10. Name and Addres	Yes N		
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Addres	s of New Negiste	ed Agent	
épos (a)	IE DICHADO D							
SPRAGUE, RICHARD D 10500 ULMERTON ROAD			82	Street /	Address (P.O. Box Number is N	ot Acceptable)		
SUITE 288			63					
LARGO FL 34641			84	City			85 Zi	p Code
				1 1			┠ ╌ ┠┈╎	
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florio h, and accept the obligations of, Secti H. D. J.	ion 607.0505, Florida Statutes.			orporation submits this statement board of directors. I hereby acc		rit as registered	agent. I am
12.	Signature, typed or printed name of egiptered agent OFFICERS AN		13.	ni signature r	ADDITIONS/CHANC	SES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE 1.1			President		Change	☐ Addition
NAME	SPRAGUE, RICHARD D		1.2 NAMÉ		Sprague, Richard 1901 whispering dru	Ø		
STREET ADDRESS	2550 STAGG RUN BLVD #23	35	1.3 STREE	T ADDRESS		,		
CITY - ST- ZIP	CLEARWATER FL 34625		1.4 CITY -	ST - ZIP	LArgo FL 34641			
TITLE	VD	DELETE	2 1 TITLE				☐ Change	Addition
NAME	PENNETT, SANDRA M. 1550 S BELCHER RD APT 5:)E	2 2 NAME					
STREET ADDRESS	CLEARWATER FL	33		1 ADDRESS				
CITY-ST-ZIP TITLE	CLEARWATERTE	☐ DELETE	2.4 CITY-				Change	☐ Addition
NAME		_ see. r	3.2 NAME				_ *	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	4. 1 TITLE			5. 	Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	t address				
CITY - ST - ZIP		Fra be est	4.4 CITY-				Channa Channa	Addition
TITLE		DELETE	5 1 THILE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				.1 ADDRESS				
CITY-ST-ZIP		T DELETE	5.4 CITY - 6.1 TITLE				Change	Addition
TITLE			6.2 NAME					_
NAME STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY -					
	1				A			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Putul.

Spring OFFICER OF DIFFERENCE PROPERTY P