

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

**95 JUL 25 AM 10: 22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000010368 (6)**

1. Corporation Name

**KITCHEN WORLD, INC.**

Principal Place of Business

Mailing Address

**4556 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32207**

**4556 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**02/08/1994**

4. FEI Number

Applied For

Not Applicable

**59- 3222296**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN BRINTON & SIMMONS P.A.  
ONE INDEPENDENT DRIVE  
SUITE 3200  
JACKSONVILLE FL 32202**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 translating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President**  
 NAME **Robert T. Glover**  
 STREET ADDRESS **183 Sea Hammock Way**  
 CITY, ST, ZIP **Ponte Vedra, FL 32082**

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY, ST, ZIP

TITLE **Vice President**  
 NAME **Rawson H. Haverty**  
 STREET ADDRESS **3740 Paces Valley RD NW**  
 CITY, ST, ZIP **Atlanta, GA**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY, ST, ZIP

TITLE **Secretary**  
 NAME **Peggy H. Glover**  
 STREET ADDRESS **183 Sea Hammock Way**  
 CITY, ST, ZIP **Ponte Vedra, FL 32082**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY, ST, ZIP

TITLE **Treasurer**  
 NAME **Robert T. Glover**  
 STREET ADDRESS **183 Sea Hammock Way**  
 CITY, ST, ZIP **Ponte Vedra, FL 32082**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY, ST, ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY, ST, ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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)(b), 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:**

*Robert T. Glover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert T. Glover**

**7/20/95**

**904-731-8325**