

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

APPROVED AND FILED
 95 APR 20 AM 7:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000010531 (9)
 1. Corporation Name
LEE-CHAR SNACK FOODS, INC.

Principal Place of Business Mailing Address
 1618 TWELVE OAKS WAY # 102 N. PALM BEACH FL 33408 1618 TWELVE OAKS WAY # 102 N. PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1994** 3a. Date of Last Report: **2/9/94**

4. FEI Number: **65-0482473** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **2698 ORANGE PEEL CT.** 26 **2698 ORANGE PEEL CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **ORLANDO FL** 28 **ORLANDO, FL**
 Zip County Zip County
 24 **32806** 25 **USA** 29 **32806** 30 **USA**

9. Name and Address of Current Registered Agent
CECIL, CHARLES L.
1618 TWELVE OAKS WAY
102
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2698 ORANGE PEEL CT.
 83 **ORLANDO FL**
 84 City **ORLANDO** 85 Zip Code **FL 32806**

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: Charles L. Cecil DATE: **4-15-95**
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when constituting DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / SEC. TREASURER
NAME	CHARLES L. CECIL
STREET ADDRESS	2698 ORANGE PEEL CT.
CITY - ST - ZIP	ORLANDO, FL, 32806
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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 my address.

SIGNATURE: Charles L. Cecil DATE: **4-15-95** **407-876-3055**
Signature and typed or printed name of signing officer or director Date Daytime Phone #