

DOCUMENT # P9400003BIS

1. Entity Name: PRO CHEF INC

FILED
May 12, 2000 8:00 am
Secretary of State

03-25-2000 90008 004 ***150.00

Principal Place of Business
133 AVE E. HW 98
APALACHICOLA, FL
32320Mailing Address:
CHEF EDIE MAGNOLIA GRILL
PO BOX 154
APALACHICOLA, FL
323292. Principal Place of Business
133 AVE E HW 98
Suite, Apt. #, etc.
APALACHICOLA, FL
City & State
32320 FRANKLIN3. Mailing Address
PO BOX 154
Suite, Apt. #, etc.
APALACHICOLA, FL
City & State
32329 FRANKLIN

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3237734Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD CASS
PO BOX 154 133 AVE E HW 98
APALACHICOLA, FL
32329

7. Name and Address of New Registered Agent

Name EDWARD CASS
Street Address (P.O. Box Number is Not Acceptable)
133 AVE E
HW 98
City APALACHICOLA FL Zip Code 32320

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRES	EDWARD CASS	29 5TH ST	APALACHICOLA FL 32320	<input type="checkbox"/>
TREAS	BETTYE W CASS	29 5TH ST	APALACHICOLA FL 32320	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)