FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
95 MAY -1 AM 11:22

DOCUMENT # P94000035314 (1)

1. Corporate Name
THE FAT ROBIN INC

Principal Place of Business
257 ELLIS DR.
DESTIN FL 32541

Mailing Address
257 ELLIS DR.
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report: Working to file annual

2. Principal Place of Business
21
Suite Apt. #
22
City State
23
City
24 25

2a. Mailing Address
26 3251 State Hwy 25 S
Suite Apt. #
27 Jackson Co
City State
28 63755
City
29 Country
30 USA

FEI Number: 59-3229941
Applied For / Not Applicable

4. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Does corporation have liability for unemployment tax under Chapter 443, Florida Statutes? [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
ROOKER, BRONWYN R
257 ELLIS DR.
DESTIN FL 32541

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

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the 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. Deeds, accept the appointment as registered agent. I am familiar with and hereby accept the duties of registered agent. Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

No officers or directors besides myself

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition
TITLE PRESIDENT
NAME BRONWYN - ROSE ROOKER
STREET ADDRESS 3251 STATE HWY 25S
CITY-ST-ZIP JACKSON, MO. 63755

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and shown on payroll, for the purposes stated in Section 443.036(19), Florida Statutes. Further, I certify that the above-named corporation has filed its annual report or supplemental annual report for the calendar year 1994 with the Department of State, Division of Corporations, or has received an extension of time to file the report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation or has given authorization to file the report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation or has given authorization to file the report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors.

SIGNATURE: Bronwyn-Rose Rooker
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

904-837-1098
Feb. 15, 1995 314-243-0998
Date Phone

0367768 CP