

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Saraha B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000059273 (0)**

95 MAY 16 AM 0:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAUL'S COUNTRY SKILLET, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 728 NE 36TH AVE OCALA FL 34470	Mailing Address 728 NE 36TH AVE OCALA FL 34470
--	--

3. Date incorporated or Qualified 08/11/1994	3a. Date of Last Report
4. FEI Number 59-3260018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 192.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Name of Husband 21	2a. Mailing Address 25
State Apt # etc 22	State Apt # etc 27
City & State 23	City & State 26
24	25
29	30

9. Name and Address of Current Registered Agent FORWARD, PAUL S 728 NE 36TH AVE OCALA FL 34471				10. Name and Address of New Registered Agent			
B1 Name				B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B3			
B4 City				B4 City			
FL				B5 Zip Code 34470			

11. Pursuant to the provisions of Sections 607.0402 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D FORWARD, PAUL S	12.2 STREET ADDRESS 728 NE 36TH AVE	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY & STATE OCALA FL 34470		13.2 STREET ADDRESS	
12.4 NAME D FORWARD, JUNE A	12.5 STREET ADDRESS 728 NE 36TH AVE	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS OCALA FL 34470		13.4 STREET ADDRESS	
12.7 NAME	12.8 STREET ADDRESS	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS		13.6 STREET ADDRESS	
12.10 NAME	12.11 STREET ADDRESS	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 STREET ADDRESS		13.8 STREET ADDRESS	
12.13 NAME	12.14 STREET ADDRESS	13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS		13.10 STREET ADDRESS	
12.16 NAME	12.17 STREET ADDRESS	13.11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.12 STREET ADDRESS	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not equally for the exemption stated in Section 119.07(1)(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 on the oath that I am an officer or director of the corporation or the receiver or trustee or liquidator empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of Block 13 of changed, or on an attachment with an address.

SIGNATURE: *June A. Forward* **JUNE A. FORWARD** **5-1-95** **904 351 2818**