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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059898 (4)**

1. Corporation Name

KATHY'S KAFE, INC.

Principal Place of Business	Mailing Address
4009 SHORESIDE CIRCLE TAMPA FL 33624	4009 SHORESIDE CIRCLE TAMPA FL 33624

3. Date Incorporated or Qualified: **08/11/1994**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-3264094** ☐ 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

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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MILLER, ARNOLD
4009 SHORESIDE CIRCLE
TAMPA FL 33624

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 607.0502 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's Signature Is Required For Name Change Only) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PELLEGREN, GERALD 4009 SHORESIDE CIRCLE TAMPA FL 33624	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, ALAN 4009 SHORESIDE CIRCLE TAMPA FL 33624	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOPE, GAYLE 4009 SHORESIDE CIRCLE TAMPA FL 33624	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PELLEGREN, KATHLEEN 4009 SHORESIDE CIRCLE TAMPA FL 33624	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ARNOLD 4009 SHORESIDE CIRCLE TAMPA FL 33624	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, CAROLE A 4009 SHORESIDE CIR TAMPA FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(3)(i), 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: Kathy Pellegren Kathy Pellegren 4/1/96 813 886 3795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #