

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000070773 (4)

1. Corporation Name

THE GOURMET SHOPPE, INC.



Principal Place of Business

Mailing Address

145 WEST 11TH AVENUE  
MOUNT DORA FL 32757

145 WEST 11TH AVENUE  
MOUNT DORA FL 32757

2. Principal Place of Business

2a. Mailing Address

21 1125 NORTH ALEXANDER ST.

26 1125 NORTH ALEXANDER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MOUNT DORA, FL

28 MOUNT DORA, FL

Zip

Country

Zip

Country

24 32757

25 LAKE

29 32757

30 LAKE

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

04/27/1995

4. FLL Number

59-3269118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

PATTERSON, RICHARD B  
145 WEST 11TH AVENUE  
MOUNT DORA FL 32757

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1125 NORTH ALEXANDER ST.

83

84

City

MOUNT DORA

FL

85 Zip Code

32757

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 officer 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 signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PATTERSON, RICHARD B  
STREET ADDRESS 145 WEST 11TH AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ DELETE

NAME PATTERSON, HELEN L  
STREET ADDRESS 145 WEST 11TH AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ DELETE

NAME PATTERSON, JANICE L  
STREET ADDRESS 145 WEST 11TH AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ DELETE

NAME PATTERSON, ROBERT B  
STREET ADDRESS 145 WEST 11TH AVENUE  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

☒ Change ☐ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (352) 735-0864

Use

Deadline Phone #

CR2E034 (12/95)