

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000087571 (3)**

**TOM KAT KAFE, INC.**



Principal Place of Business: 109 S. MAIN ST. GAINESVILLE FL 32601  
Mailing Address: 109 S. MAIN ST. GAINESVILLE FL 32601

3. Date incorporated or Qualified: 12/01/1994  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 59-3292090  
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**FOX, DONALD T  
109 S. MAIN ST.  
GAINESVILLE FL 32601**

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

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOX, DONALD T	
STREET ADDRESS	109 S. MAIN ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, KEVIN MALCOLM	
STREET ADDRESS	1419 NW 4TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WATTSKENNEDY, SANDRA ELIZABE	
STREET ADDRESS	1419 NW 4TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNEDY, KEVIN MALCOLM	
1.3 STREET ADDRESS	109 S. MAIN ST	
1.4 CITY-ST-ZIP	GAINESVILLE FL	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENNEDY, SANDRA ELIZABETH	
2.3 STREET ADDRESS	109 S. MAIN ST	
2.4 CITY-ST-ZIP	GAINESVILLE FL	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WHITTEMORE, ERIC	
3.3 STREET ADDRESS	109 S. MAIN ST	
3.4 CITY-ST-ZIP	GAINESVILLE FL	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WARD, STEVEN	
4.3 STREET ADDRESS	109 S. MAIN ST	
4.4 CITY-ST-ZIP	GAINESVILLE FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WOWK, JENNIFER	
6.3 STREET ADDRESS	109 S. MAIN ST	
6.4 CITY-ST-ZIP	GAINESVILLE FL	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DAYTIME PHONE #

CR2E034 (3/96)