

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 25 1997 8:00am
Secretary of State

DOCUMENT # P94000087571 (3)

1. Corporation Name
TOM KAT KAFE, INC.

Principal Place of Business

109 S. MAIN ST.
GAINESVILLE FL 32601

Mailing Address

109 S. MAIN ST.
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1994
3a. Date of Last Report 08/08/1996

4. FEI Number 59-3292090
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No NA

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 PO BOX 2723
Suite, Apt. #, etc.

27 City & State
GAINESVILLE FL

28 Zip Country
32602 USA

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 Same as 9
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 *D. Thomas Fox* President DATE 9-10-97
(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FOX, DONALD T	
STREET ADDRESS	109 S. MAIN ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	DELETE
NAME	KENNEDY, SANDRA	
STREET ADDRESS	109 S MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	DELETE
NAME	WHITEMORE, ERIC	
STREET ADDRESS	109 S. MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	DELETE
NAME	WARD, STEVEN	
STREET ADDRESS	109 S MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL	
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

1.1 TITLE	DIRECTOR	Change	Addition
1.2 NAME	EUGENE FUEYO		
1.3 STREET ADDRESS	P.O. BOX 141814		
1.4 CITY-ST-ZIP	GAINESVILLE FL 32614-1814		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (4/97)