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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019600

1. Corporation Name

Principal Plac	CAJUN CAFE' & MARKET,	Mailing Address	,		
JERRYS CAJUN STE E	CAPE & MKI	6886-E 9TH AVE. PENSACOLA FL 32504			
PENSACOLA FL	. 32504	US		DO NOT WRITE IN T	HIS SPACE
US				3. Date Incorporated or Qualifed	
				03/08/1995	
, ~	lace of Business	2a. Mailing Address	$\sim \rho$	4. FEI Number	Applied For
21 600	211.040 HDG	26 6000 11.	ATT HUE.	59-3304105	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & Stat	te Orlo	City & State	2 []	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 401 1	MULL, FL	28 10 5000	Country	Trust Fund Contribution	
- 2°C	Country	1 300VI	ASÚ 🗳 🖫	This corporation owes the current year Personal Property Tax.	intangible
24 000	9. Name and Address of Current	1-51 000 1	30 WUH	10. Name and Address of New Register	
	9. Name and Address of Current	Kedistaled Adant	81 Name	To. Name and Address of New Register	u yigeni
MIST	retta, Jerry				
6886-E-NORTH-9TH AVENUE PENSACOLA FL 32504				dress (P.O. Box Number is Not Acceptable)	
			83 (C/O)	17. CHE 1406.	
			100		
			1		
			84 City	2000	85 Zip Core
	16 - 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10) and CO2 1500 Florida Statuto	1994		-L (35504)
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was au	s, the above-named corthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the second statement for the purpose tion's board of directors.	e of changing its registered
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14. I 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

855-484-6962

Change

Change

☐ Addition

Addition

CR2E034 (11/98)