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 # **P95000065417 (4)**

1. Corporation Name
MARY'S MIRACLE RESTAURANT INC

Principal Place of Business	Mailing Address
10203 HWY 92 EAST TAMPA FL 33610	10203 HWY 92 EAST TAMPA FL 33610

3. Date Incorporated or Qualified: 08/23/1995
3a. Date of Last Report: N/A

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

4. FEI Number: 593354252 ☐ 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

9. Name and Address of Current Registered Agent

CRENSHAW, DEBRA B
10203 HWY 92 E, LOT 3
TAMPA FL 33610

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: Debra B Crenshaw Owner P.D. DATE: 6-10-96
Signature, type or print name of registered agent and title if applicable P.D. (NOTE: Registered Agent signature required for new registered agent) P.D.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE ☒	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Change ☐ Addition ☐
Reg. Agent DEBRA B CRENSHAW 10203 HWY 92 E LOT 3 Tampa, Fla 33610		Debra B. Crenshaw 10203 Hwy 92 E Tampa, FLA 33619	Reg. Agent Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE ☐	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Change ☐ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE ☐	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Change ☐ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE ☐	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Change ☐ Addition ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE ☐	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Change ☐ Addition ☐ 800001882838 -07/03/96--01022--030 ***233.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE ☐	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Change ☐ Addition ☐ 7-2-96

CR2E034 (3/96)

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: Debra B Crenshaw Owner — 6-10-96 — 813-620-2358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
813-620-0124