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

**CORPORATION** ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000089468 (9)

CHIEF'S DELIGHT, INCORPORATED

## **FILED** Aug 28 1997 8:00am Secretary of State



Principal Plac		Mailın	Mailing Address								
170 WGTO TO			170 WGTO TOWER ROAD								
POLK CITY FL 33868				POLK CITY FL 33868							
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report			
	. <u>.                                   </u>							3. Date Incorporated or Qualified 11/03/1995		te of Last 1 <b>06/1996</b>	Heport
2. Principal P	Place of Busine	ess	2a. Ma	2a. Mailing Address				4. FEI Number		A	pplied For
21		·····	26					59-3367492		N	lot Applicable
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27					5. Continuate of States Desired		Fee R	lequired
City & State			Cit	City & State				6. Election Campalgn Financing	_	\$5.00	May Be
23			28					Trust Fund Contribution		Added	to Fees
Zip	-	CountryZipCour			intry		This corporation owes or has paid the current year Intangible				
24		25	29		30			Personal Property Tax due June	30.		No
VI III		and Address of Curre	nt Hegistere	a Agent		81	10. Name and Address of New Registered Agent				
	NKE, WILLIA					81	Name				
170 WGTO TOWER ROAD						82	Street Add	dress (P.O. Box Number is Not Acceptable)			
PUL	K CITY FL 3	33868									
						83					
						64	City			85 Zip	Code
							ŕ		FL	1 1	
11. Pursuant i	to the provision	ons of Sections 607.05	02 and 607.1	1508, Florida State	utes, the al	oove	e-named corp	poration submits this statement for the partion's board of directors. I hereby accept	ourpose of	changing	its registered
agent. I a	ım <b>fam</b> iliar witi	h, and accept the obli	gations of, Sc	oction 607.0505, F	Florida Stat	ules	tile corpora 5.	tion's board or directors. Thereby accep	or the appo	antment as	s registered
SIGNATURE	Signature turned o	or printed name of registered a	and and Dia it an	ulanta av	N. Davis			ired when reinstating)	5.175		
12.	Signature, typnic c	OFFICERS A			13.	Ago	oi signature requ	ADDITIONS/CHANGES TO OFFIC	DATE CERC AND	DIRECTO	DC IN 12
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I oo nereby certify that the information supplied with this filing doos 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 conjugation 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.

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