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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # P96000006778 (0)
 1. Corporation Name
MISSY'S VILLAGE CAFE, INC.



Principal Place of Business Mailing Address

~~#3 PLAZA OAK STREET~~ ~~#3 PLAZA OAK STREET~~
LANARK VILLAGE FL 32323 **LANARK VILLAGE FL 32323**

3. Date Incorporated or Qualified 3a. Date of Last Report
01/23/1996

2. Principal Place of Business 2a. Mailing Address

21 **110 14th Street** 26 **110 14th Street**
 Suite, Apt #, etc Suite, Apt #, etc.

22 City & State 27 City & State
Apalachicola, FL **Apalachicola, FL**

23 Zip Country 28 Zip Country
32320 **FL** **32320** **FL**

4. FEI Number Applied For
59-3357994 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

LONBOM, PAUL
332 HOWELL STREET
ST. GEORGE ISLAND FL 32328

10. Name and Address of New Registered Agent

81 Name **Despina George**
 82 Street Address (P.O. Box Number is Not Acceptable) **71 Market Street, Suite 2**
 83
 84 City **Apalachicola, FL** 85 Zip Code **32320**

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 *Despina George* **Despina George** **4/30/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President / Director
1.3 STREET ADDRESS	Terri L. McCuen
1.4 CITY - ST - ZIP	110 14th Street
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P. / Director
2.3 STREET ADDRESS	Charles N. McCuen
2.4 CITY - ST - ZIP	110 14th Street
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002185235
6.3 STREET ADDRESS	-05/20/97--01077--006
6.4 CITY - ST - ZIP	***165.00

5/5/97

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.

SIGNATURE: *Terri L. McCuen* **TERRI L. McCuen** **4/30/97** **904-653-3523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)