

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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
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DOCUMENT # **P96000006778 (0)**

1. Corporation Name

MISSY'S VILLAGE CAFE, INC.



Principal Place of Business

Mailing Address

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

~~#3 PLAZA OAK STREET~~
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**
Suite, Apt. #, etc.

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

4. FEI Number

Applied For

59-3357994

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes ☐ No

City & State

City & State

23 **Apalachicola, FL**
Zip Country

28 **Apalachicola, FL**
Zip Country

24 **32320**

25

29 **32320**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

FL 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

President / Director

☐ Change ☒ Addition

1.2 NAME

Terri L. McCuen

1.3 STREET ADDRESS

110 14th Street

1.4 CITY - ST - ZIP

Apalachicola, Florida 32320

2.1 TITLE

V.P. / Director

☐ Change ☒ Addition

2.2 NAME

Charles N. McCuen

2.3 STREET ADDRESS

110 14th Street

2.4 CITY - ST - ZIP

Apalachicola, Florida 32320

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

500002185235

☐ Change ☐ Addition

6.2 NAME

-05/20/97--01077--006

6.3 STREET ADDRESS

*****165.00**

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.

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)