

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

**FILED**

**May 07 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 # P96000009742 (3)**

1. Corporation Name  
**MUSTARD'S LAST STAND OF ST. PETERSBURG, INC.**



Principal Place of Business: **PO BOX 1213 ST PETERSBURG FL 33731**  
Mailing Address: **PO BOX 1213 ST PETERSBURG FL 33731-1213**

3. Date Incorporated or Qualified: **01/31/1996**  
3a. Date of Last Report

2. Principal Place of Business  
21 **330 1st AVE. S.D.**  
22 City & State: **ST. PETERSBURG, FL**  
23 Zip: **33701** Country: **USA**  
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4. FEI Number: **59-3360515**  
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  
**VAN KESTEREN & WATTS, P.A.  
721 FIRST AVE NORTH  
ST PETERSBURG FL 33701**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               |                                 |
|----------------------------|-------------------------------|---------------------------------|
| TITLE                      | <b>VD</b>                     | <input type="checkbox"/> DELETE |
| NAME                       | <b>FRANCIS, NANCY</b>         |                                 |
| STREET ADDRESS             | <b>1128 35TH AVE NORTH</b>    |                                 |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL 33704</b> |                                 |
| TITLE                      | <b>P</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>FRANCIS, ASA</b>           |                                 |
| STREET ADDRESS             | <b>PO BOX 1213 N/A</b>        |                                 |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL 33731</b> |                                 |
| TITLE                      | <b>T</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>HARWELL, BARNEY R</b>      |                                 |
| STREET ADDRESS             | <b>PO BOX 1213 N/A</b>        |                                 |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL 33731</b> |                                 |
| 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 type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 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  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 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 **Barney R. Harwell** DATE **4/19/97** (012) 402-1094

CR2E034 (9/96)