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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014927 (3)

MOM & POPPS FAMILY RESTAURANT, INC.

FILED May 07 1998 8:00am Secretary of State



Dringle of Dis	on of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		.	
Principal Place of Business Mailing Address ANS. LEGISHAY OF MICET						
4085 HIGHWAY 60 WEST 4085 HIGHWAY 60 WEST MULBERRY FL 33860 MULBERRY FL 33860					•	
		motocinii i c oooo			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/14/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		59-3357701	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Counti	У	8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Currer	и медізіегео мделі	8	Name	10. Name and Address of New Registers	o Agent
JOHNSON, RUTH H				Name		
4065 HIGHWAY 60 WEST			8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
MULBERRY FL 33860				63		
			83	9		
			84	City		85 Zip Code
				1	F	
orrice or	registered agent, or both, in the State am familiar with, and accept the oblig	rof Florida. Such change was a	uthorized b	by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature typed or printed name of registered age	APOTE	B. I. I.		lired when reinstating) DATE	
12.		D DIRECTORS	13.	geni signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	I D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	JOHNSON, RUTH H		1.2 NAME			C Subrigo C recution
STREET ADDRESS	AND ENGLISHED ON HITCH			T ADDRESS		
CITY-ST-ZIP	MULBERRY FL 33860		1.4 CITY-	1		
TITLE	T D	DELETE	2.1 TITLE	31-ZIP		Change Addition
NAME	JOHNSON, ERIC		2.2 NAME			
	AGGE ANOUGHLAV ON UNEGE					
STREET ADDRESS	MULBERRY FL 33860			T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-	·SI-ZIP		Change Addition
		FT DEFEIR	3.1 TITLE			Change Addition
NAME			3.2 NAME	ŀ		
STREET ADDRESS				T ADDRESS		•
CITY-ST-ZIP		DELETE	3.4. CITY	ST-ZIP	 	Change Addition
TITLE		☐ DETEIR	4.1 TITLE	.		☐ Change ☐ Addition
NAME	1		4. 2 NAM	I		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	.		4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	1		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE	1	☐ DELETE	6.1 TITLE	_		Change Addition
NAME			6.2 NAME]
STREET ADDRESS	1		6.3 STREE	T ADDRESS		j
CITY-ST-ZIP	I		6.4 CITY-	ST-ZIP		

14. I 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 supplienental 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.