05-07-1999 90172 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022931

1. Corporation	Name					
HECKLE	& JECKLE'S, INC.					
						1
Principal Place of Business Mailing Address						
512 SEMORAN BLVD. 512 SEMORAN BLVD. CASSELBERRY FL 32707 CASSELBERRY FL 32707						
CASSELBERRY	FL 32/0/	CASSELBERRY FL 32707			DO NOT WRITE IN THIS SPACE	_
					3. Date Incorporated or Qualifed	
					03/13/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
26				59-3364876 Not Applica		16
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	一
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Yes XNo	
	9. Name and Address of Curren	t Registered Agent		г	10. Name and Address of New Registered Agent	\dashv
	and EDIO B		81	Name	е	
JACOBS, ERIC B			82	Street	et Address (P.O. Box Number is Not Acceptable)	
1513-203 SEMORAN CIRCLE NORTH WINTER PARK FL 32792						\dashv
1	ERTAINTE SZISZ		83	}		_
			84	City	FL 85 Zip Code	
11 Dureuppt	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s, the above	e-named	d corporation submits this statement for the purpose of changing its registered	<u>-</u>
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpo	poration's board of directors. I hereby accept the appointment as registered	
-	m jamiliai with, and accept the obligat	JOIS 61, 3660011 007.0303, 1 1011	da Otatolos	•		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Ager	nt signature r	e required when reinstating) DATE	_
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		I Cliange ☐ Addi	1011
NAME	JACOBS, ERIC B				300 KENTIA Rd.	Ì
STREET ADDRESS				TADDRESS	s 300 KENTIA Rd. CASSELLETTY, FL, 32707	
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212	Change Addi	tion
NAME	1		2.2 NAME		_	
STREET ADDRESS	i i			TADDRESS	s	
CITY-ST-ZIP			2. 4 CITY-S			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addi	tion
NAME			3.2 NAME			-
STREET ADDRESS			3.3 STREE	TADDRESS	ss	Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE	☐ DELETÉ 4.		4.1 TITLE		☐ Change ☐ Addi	tion
NAME			4. 2 NAME			l
STREET ADDRESS			4.3 STREE	TADORESS	SS	1
CITY-ST-ZIP		- O selette	4.4 CITY-S	T-ZIP	☐ Change ☐ Addi	ition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		[] Change [] Addi	
NAME				TADDRESS	ss	
STREET ADORESS			5.4 CITY- S		~	i
CITY-ST-ZIP		DELETE	6,1 TITLE		☐ Change ☐ Addi	tion
TITLE			6.2 NAME			İ

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

--: ATURE:

NAME

STREET ADDRESS