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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600050041

SHELLY'S DINER, INC.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90061 028 ***150.00



Principal Place of Business Mailing Address						•	7	6 ibilinmi iim racen Merre Matre Matre Matre	OBSEL REITS BOISE OF	()) 4186) 91 99
		BOX 584 ANTOWN FL 34956					DO NOT WRITE IN 1	THIS SPACE		
							3.	Date Incorporated or Qualifed	•	<u> </u>
								06/10/1996		
2. Principal P	lace of Business	2a.	Mailing Address				4.	FEI Number		Applied For
21		26						65-0677364	· 	Not Applicable
Suite, Apt. #, etc 2			Suite, Apt. #, etc.			5.	Certifcate of Status Desired		Additional Required	
City & State			City & State				Election Campaign Financing	•	May Be	
Zip	Country	28	Zip		untry			Trust Fund Contribution		d to Fees
24	25 29				[30]			This corporation owes the current yea Personal Property Tax.	r intangible ☐ Yes	□No
241	9. Name and Address of Curr		tered Agent		Т			Name and Address of New Registe		
	i figurijstijs				81	Name				-
DRISKILL, DEANNE					82 Street Address (P.O. Box Nurr			O Day Number in Net Assessable)		
	SPRINGHAVEN ESTATES				02	Sileet Addre	335 (F.	O. Box Number is Not Acceptable)		4. 9 \$1 1.64 (1.08)
	BOX 510 ANTOWN FL 34956				83					1
					84	City	•		F ! _ `` `	Code
11., Pursuant	to the provisions of Sections 607.0	502 and 60	07.1508, Florida Sta	tutes, the a	bove	e-named corpo	oration	submits this statement for the purpos and of directors. I hereby accept the a	e of changing i	ts registered
agent. I a	m familiar with, and accept the obli	garions of,	Section 607.9505, I	Florida Stat	tutes.		11 5 000	and of directors. Thereby accept the a	ppointment as	egistered
SIGNATURE	XUWWW A	(Wux	Skill.					/- E	5-44	
	Signature, typed or printed name of registered a				d Ageni	t signature required		170		
12.	OFFICERS A	AND DIREC	DELETE	13.			А	DDITIONS/CHANGES TO OFFICERS		
TITLE	D .		☐ DELETE	1.1 TI					☐ Change	. Magnion
NAME	TRUMBETAS, MARK			1.2 N						
STREET ADDRESS 7300 SPRINGHAVEN ESTATES, P.O. BOX 510			30V E40			'ADDRESS I				
		ES, P.O. E	3OX 510		TREET					
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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 appenderss, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)