

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 29 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000087143 (9)**

1. Corporation Name

KFC OF MOORE HAVEN, INC.

Principal Place of Business

Mailing Address

**533 1/2 SOUTH EAST AVENUE, E
BELLE GLADE FL 33430**

**533 1/2 SOUTH EAST AVENUE, E
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1996

4. FEI Number

Applied For

65-0712392

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33430

30

Palm Beach

9. Name and Address of Current Registered Agent

**BARTON, LISA A
533 1/2 SOUTH EAST AVENUE, E
BELLE GLADE FL 33430**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOOKS, RUDOLPH SR.	
STREET ADDRESS	1500 W. CANAL STREET, NORTH	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARTON, LISA A	
STREET ADDRESS	533 1/2 SOUTH EAST AVENUE, E	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ACREE, MICKEY K SR.	
STREET ADDRESS	POST OFFICE BOX 757 N/A	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VICKERY, SHIRLEY A	
STREET ADDRESS	POST OFFICE BOX 852 N/A	
CITY-ST-ZIP	BELLE GLADE FL 33430	

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.

100002256551--8
-08/04/97--0110--002
******165.00 ****165.00**

7/29/97

561-996-7449

CR2E034 (4/97)

Tab stop  for address

 Adams
PREMIER

3 PART

carbonless
FORM NC 3875

Ans · R · Gram

FROM: KFC of Moore Haven, Inc.
1403 W. Ave. A
Belle Glade, Fl. 33430

☐ URGENT ☒ ASAP ☐ NO REPLY 2

TO: Department of State
P.O. Box 1500
Tallahassee, Fl. 32302-1500

DATE July 23, 1997
ATTENTION OF To whom it may concern:
SUBJECT 1st Notice received

MESSAGE

Please note this is the first Notice we have received on this corp. This Corporation was started in Oct. of 1996, we thought maybe because this was a new corp, we wouldn't receive a notice until next year. The telephone number to contact me is 561-996-7491 if you need to call.

REPLY

SIGNED

Shirley Hughes
Office Manager

SIGNED