

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # P96000097457 (1)

1. Corporation Name

PATTY'S COZY KITCHEN, INC.



Principal Place of Business

Mailing Address

112 S.E. PARK STREET
OKEECHOBEE FL 34972

112 S.E. PARK STREET
OKEECHOBEE FL 34972-2065

3. Date Incorporated or Qualified

3a. Date of Last Report

11/25/1996

4. FEI Number

Applied For

65-0716475

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

2. Principal Place of Business

2a. Mailing Address

21 S/A

26 S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EZELL, LEMOYNE
112 S.E. PARK ST
OKEECHOBEE FL 34792

81 Name

Patricia Ezell

82

Street Address (P.O. Box Number is Not Acceptable)

2186 SW Barthel St

83

84

Port St. Lucie

FL

85 Zip Code

34984

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME EZELL, LEMOYNE
STREET ADDRESS P.O. BOX 18
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE D ☐ DELETE
NAME EZELL, GARY
STREET ADDRESS 2186 SW BARTHEL ST
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE D ☐ DELETE
NAME EZELL, PATRICIA
STREET ADDRESS 2186 SW BARTHEL ST
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME EZELL, Gary

1.3 STREET ADDRESS 2186 SW Barthel St.

1.4 CITY-ST-ZIP Port St. Lucie, FL 34984

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EZELL, Patricia

2.3 STREET ADDRESS 2186 SW Barthel St.

2.4 CITY-ST-ZIP Port St. Lucie, FL 34984

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011770

CR2E034 (9/96)