

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000098882 (9)**

1. Corporation Name

RANDY'S KITCHEN, INC.

Principal Place of Business

Mailing Address

**9920 FAIRWAY CIRCLE
LEESBURG FL 34788**

**9920 FAIRWAY CIRCLE
LEESBURG FL 34788-3638**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5612 Johnson Lake Rd		25 311 W. College Ct.		12/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 DeLeon Springs, FL		27 DeLand, FL		59-3414650	<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28 32720		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip		Zip		Trust Fund Contribution	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country		Country			
25		30 Volwora			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRUBBE, PAMELA S 9920 FAIRWAY CIRCLE LEESBURG FL 34788				81 Name Pamela S Grubbe	
				82 Street Address (P.O. Box Number is Not Acceptable) 311 W College Ct.	
				83	
				84 City DeLand FL 85 Zip Code 32720	

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 **Pamela S Grubbe**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBE, PAMELA S	1.2 NAME	
STREET ADDRESS	9920 FAIRWAY CIRCLE	1.3 STREET ADDRESS	311 W College Ct.
CITY - ST - ZIP	LEESBURG FL 34788	1.4 CITY - ST - ZIP	DeLand FL 32720
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBE, RANDY L	2.2 NAME	
STREET ADDRESS	9920 FAIRWAY CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34788	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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

Pamela S. Grubbe

4-18-97

Date

904-734-9879

Daytime Phone # 0011057

CR2E034 (9/96)