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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004352 (5)

١	Principal Place of Business	Mailing Address
	COUNTRY RD 59 TALLAHASSEE FL 32308	909 KENILWORTH F Tallahassee FL 3
- 1		

FILED Jan 20 1998 8:00am Secretary of State

SECRE	ET PANTRY, INC.				III BANKAAN ANDRA KINGA KANAAN ANDA
Principal Plac	e of Business	Mailing Address			
COUNTRY RI TALLAHASSE	D 59	909 KENILWORTH RD TALLAHASSEE FL 32312		DO NOT WRITE IN T	HIS SPACE
ł				3. Date Incorporated or Qualified	110 01 1100
				01/10/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
211323 M	iccosukee Rd	26		59-3459543	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et				5. Certificate of Status Desired	\$8.75 Additional
22 . 27				or definitions of claims bounds.	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	assee, FL	28	Country	Trust Fund Contribution	Added to Fees
Zip 24 32308	Country 25 U.S.A	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible Yes No
24132300	9. Name and Address of Currer		301	10. Name and Address of New Registe	
EA	ASON, LINTON B		81 Name		
	9 KENILWORTH RD		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	LLAHASSEE FL 32312		02 30881 AU	idless (F.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
					FLII
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Statute	es, the above-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	rations board or directors. Thereby accept the	appointment as registered
SIGNATURE					···
	Signature, typied or printed name of registered age		Registered Agent signature rec	pured when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 40
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	EASON, JENNY C		1.2 NAME	V	
STREET ADDRESS	909 KENILWORTH RD		1.3 STREET ADDRESS	Jeanine K. Slagle	
CITY - ST - ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	218 Grace St., Tallah	assee, FL 32301
TITLE	V	DELETE	2.1 1/JUF	V	Change Addition
NAME	EASON, LINTON B		22 NAME	v Edwin W. Carrell	- · K
STREET ADDRESS	909 KENILWORTH RD		2.3 STREET ADDRESS	1010 Mimosa Dr.	
CITY-\$T-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	Tallahassee, FL 3231	2
TITLE		DELETE	31 TITLE	Sec/Tres	Change Addition
NAME			3.2 NAME	Linton B. Eason	n
STREET ADDRESS			3.3 STREET ADDRESS	909 Kenilworth Rd.	
CITY+ST+ZIP			3.4. CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		☐ DELETE	4.1 TIBLE	1011010000, 11 02012	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	6.1 1(TLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CI1Y - S1 - ZIP		

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 supplier entral annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

1/2/98