

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000004352** ✓

1. Corporation Name

SECRET PANTRY, INC.

Principal Place of Business

1323 MICCOSUKEE RD
TALLAHASSEE FL 32308
US

Mailing Address

909 KENILWORTH RD
TALLAHASSEE FL 32312

2. Principal Place of Business

21 **909 KENILWORTH RD**

Suite, Apt. #, etc.

22 City & State

23 **TALLAHASSEE FL**

24 Zip

32312

Country

25 **LEON**

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

EASON, LINTON B
909 KENILWORTH RD
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3459543

Applied For

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

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 **P** ☐ DELETE

NAME **EASON, JENNY C**
STREET ADDRESS **909 KENILWORTH RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **V** ☐ DELETE

NAME **EASON, LINTON B**
STREET ADDRESS **909 KENILWORTH RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **V** ☒ DELETE

NAME **SLAGLE, JEANINE K**
STREET ADDRESS **218 GRACE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **V** ☐ DELETE

NAME **CARRELL, EDWIN W**
STREET ADDRESS **1010 MIMOSA DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SECT** ☐ DELETE

NAME **EASON, LINTON B**
STREET ADDRESS **909 KENILWORTH RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

LINTON B. EASON 7/13/99 850-414-1121

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90016 009 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)