

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90003 008 \*\*\*150.00

DOCUMENT # P97000027651

1. Corporation Name

GABBY'S KITCHENS, INC.

Principal Place of Business

5963- 13 ST NO  
ST PETERSBURG FL 33703  
US

Mailing Address

5963- 13 ST NO  
ST PETERSBURG FL 33703  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1997

4. FEI Number

59-3439167

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

I, 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

2. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
IVORY, CHARLES E  
STREET ADDRESS  
5963 13TH STREET NORTH  
CITY-ST-ZIP  
ST PETERSBURG FL 33703

1.2 TITLE ☐ DELETE

NAME  
IVORY, KAREN G  
STREET ADDRESS  
5963 13TH STREET NORTH  
CITY-ST-ZIP  
ST PETERSBURG FL 33703

1.3 TITLE ☐ DELETE

NAME  
CORPORATION SERVICE COMPANY  
STREET ADDRESS  
1201 HAYS STREET  
CITY-ST-ZIP  
TALLAHASSEE FL 32301-2525

1.4 TITLE ☐ DELETE

NAME  
CORPORATION SERVICE COMPANY  
STREET ADDRESS  
1201 HAYS STREET  
CITY-ST-ZIP  
TALLAHASSEE FL 32301-2525

1.5 TITLE ☐ DELETE

NAME  
CORPORATION SERVICE COMPANY  
STREET ADDRESS  
1201 HAYS STREET  
CITY-ST-ZIP  
TALLAHASSEE FL 32301-2525

1.6 TITLE ☐ DELETE

NAME  
CORPORATION SERVICE COMPANY  
STREET ADDRESS  
1201 HAYS STREET  
CITY-ST-ZIP  
TALLAHASSEE FL 32301-2525

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Karen G Ivory*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (777)525-8028  
Date Daytime Phone #

CR2E034 (1/198)