## 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** 

## DOCUMENT # P97000083788 1. Corporation Name

HOME CHEFS CORP.

FII	ncipai	Place of	DUSING
471	MAIN	ST	

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90207 039 \*\*\*150.00

Principal Place	e of business	wan	ing Address				·		
471 MAIN ST DUNEDIN FL 34698 US			3131 66 STREET N STE A ST PETERSBURG FL 33710				DO NOT WRITE IN THIS SPACE		
	·						3. Date Incorporated or Qualifed 09/26/1997		
2 Principal D	lace of Business	2= 1	Mailing Address				4. FEI Number Applied For		
2. Principal Place of Business		$\vdash$					59-3469798 Not Applicable		
21		26	<u> </u>				\$8.75 Additional		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
City & State	8		City & State				6. Election Campaign Financing \$5.00 May Be		
28				Trust Fund Contribution Added to Fees					
Zip	Country		Zip Country			8. This corporation owes the current year Intangible			
<b>一</b> .	25	29	•	30			Personal Property Tax. ☐ Yes ☐ No		
24	9, Name and Address of Curren		red Agent	30			10. Name and Address of New Registered Agent		
	9, Name and Address of Curren	it negiste	eu Agent		81	Name			
) E3//	IS, MARK R				"	I I GITTE			
					82	82 Street Address (P.O. Box Number is Not Acceptable)			
	66 STREET N STE A					ļ			
ST PETERSBURG FL 33710					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 ages	nt and title if a	applicable.	(NOTE: Regist	ered Ager	nt signature	re required when reinstating) DATE		
12.	OFFICERS AN				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	0	O DII VEO	☐ DELE		1 TITLE		Change Addition		
· ·	, <del>-</del>								
NAME	LEWIS, MARK R SR				2 NAME				
STREET ADDRESS	12285 90 LANE NO			1.	3 STREET	r address	SS		
CITY+ST-ZIP	LARGO FL 34643				4 CITY-S	T-ZIP			
TITLE	•		☐ DELE	TE 2	1 TITLE		☐ Change ☐ Addition		
NAME	•			2	2 NAME				
STREET ADDRESS	•			2	3 STREET	T ADDRESS	ss l		
	,		-	~ ·	4 CITY- S	T. 7IP			
CITY-ST-ZIP			☐ DELE		1 TITLE	,,- 2.1	☐ Change ☐ Addition		
			<u></u>		2 NAME				
NAME									
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CITY-ST-ZIP					4. CITY+5	ST-ZIP			
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	,				2 NAME				
NAME	•					TADORESS			
STREET ADDRESS	•				.4 CITY-S				
CITY-ST-ZIP			☐ DELE		1 TITLE	. 211	☐ Change ☐ Addition		
TITLE .									
NAME					2 NAME		1		
STREET ADDRESS				6	.3 STREE	TADDRESS	SS		
CITY-ST-ZIP				6	.4 CITY-\$	T-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, with all other like empowered.

SIGNATURE:

Daytime Phone #