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

PROFIT CORPORATION ANNUÁL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104648 (5)

GRANDMA YODER'S, INC.

Principal Place of Business

Mailing Address

FILED Feb 12 1998 8:00am Secretary of State



(941) 720-1010

1805 MAIN S SARASOTA	STREET STE. 912 Fl. 34232	1605 MAIN STREET STE SARASOTA FL 34232	i. 912		DO NOT WRITE 3. Date Incorporated or Qualified 12/12/1997	IN THIS SPACE	
2. Principal Place of Business 2a. Mailing Address			Λ		4. FEI Number		Applied For
21 5896 53ra Aue . East Suite, Apt. #. etc.		26 5896 53rd Ave East— Suite, Apt. #, etc.				Not Applicable	
22		27			5. Certificate of Status Desired		75 Additional ee Required
 	lenton, FL 28 Bradent				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3420	Country	7ip	Country 30 Manatee		8. This corporation owes or has paid the current year Intangible		
24 3470	3 25 Manatee 9. Name and Address of Current I	29 34 XO3	30 111ar	ratee_	Personal Property Tax due June 10. Name and Address of New Re		∐ No
SCOVIL, H W 81 Name							
	105 MAIN STREET STE. 912						
SARASOTA FL 34236			82 Street Addre		ress (P.O. Box Number is Not Acceptable)		
•	W 100 17 1 C 01200		83				
				0.1			
			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							
12.	Signature, typed or pointed name of registered agent a OFFICERS AND I		Registered Ag	ont argnature requi	red when reinstaling)	DATE DIDECT	7000 0140
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ENS AND DIREC	
NAME	NAUMAN, CONNIE	L. Deceite	1.2 NAME			L. Cria	ige LT Addition
STREET ADDRESS	5164 MELDON CIRCLE		1.3 STREET	ADDRECC			
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY - S				
TITLE	D	DELETE	2.1 TITLE	51-2Ir		☐ Chan	nge Addition
NAME	WE8B, ROSE	_	2.2 NAME				- Countries
STREET ADDRESS	9715 BRADEN RUN		2.3 STREET	ADDRESS		€_,	
CITY-ST-ZIP	BRADENTON FL 34202		2. 4 CITY-			*	
TITLE	D	DELETE	3.1 TITLE			☐ Chan	nge Addition
NAME	Verna Voder		3.2 NAME				
STREET ADORESS	2712 Nancy Street			ADDRESS			
CITY-ST-ZIP		4237	3.4. CITY-5	ST-ZIP			
TITLE	D	DELETE	4.1 TITLE			☐ Chan	ige Addition
NAME	mary Byler -)	4. 2 NAME	•			
STREET ADDRESS	14723 madison t		4.3 STREET	ADDRESS			
CITY-ST-ZIP	middlefield, OH	44062	4.4 CITY - S	T-ZIP			7
TITLE	D	DELETE	5.1 TITLE				ge Addition
NAME	Glenn, Karolyn		5.2 NAME			\mathcal{A}	1/1
STREET ADDRESS	AILY MANCH SINE		5.3 STREET	ADDRESS		The	メ//シ
CITY-ST-ZIP	Sarabota, FL	342 3 7	5.4 CITY-S	T-ZIP			/
TITLE	•	☐ DELETE	6.1 TITLE			Chan	e 🔲 Addition
NAME			6.2 NAME		70000242 -02/13/980100		
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00		1
CITY-ST-ZIP	and the short short and a second seco		6.4 CITY - S	1- 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 they opporation 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.							