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

Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90004 003 ***550.00

OCCUMENT # P9800001606

. Corporation Name

LARRY'S DELI, INC.

| rincipal | Place | of | Business |
|----------|-------|----|----------|

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

10-B MIRACLE STRIP PARKWAY ARY ESTHER FL 32569

Principal Place of Business

130-B MIRACLE STRIP PARKWAY MARY ESTHER FL 32569



Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/01/1998

| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 A Fee Red | | |
|---|--|---------------------------|------------|----------------------|---|--|--------------|-------------------------|--|--|
| <u>, , , , , , , , , , , , , , , , , , , </u> | | 27 | | | | | | | <u>. </u> | |
| City & State | e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 t Added to | | |
| Zip | Country | Zip | Ċ | ountry | | 8. This corporation owes the curre | ent year Int | angible | | |
|] . | 25 | 29 | 30 | | | Personal Property Tax. | | ☐ Yes ☐ | □No | |
| | 9. Name and Address of Current | | | | | 10. Name and Address of New R | egistered | Agent | | |
| | | | | 81 | Name | | | | | |
| KING, LAWRENCE D 10 FOURTH STREET | | | | 02 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 02 | | | | | | |
| SHA | LIMAR FL 32579 | | | 83 | | - | | | | |
| | | | | | | | | | | |
| | | | | 84 | City | | FL | 85 Zip C | ode | |
| | to the provisions of Sections 607.0502 | | atutas the | 2000 | - named corne | oration submits this statement for the | nurpose of | changing its | registered | |
| office or re | ocietored agent or both in the State Of | Florida Such change w | as autmont | 280 07 | the corporatio | n's board of directors. I hereby accep | t the appoi | ntment as reg | istered | |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0505. | Florida S | tatutes | • | | | | | |
| IGNATURE | | | | | | | | | | |
| - INFORE | Signature, typed or printed name of registered agent a | | | | it signature required | ADDITIONS/CHANGES TO OF | DATE | ID DIPECTO | PS IN 12 | |
| 2. | OFFICERS AND | | | 3. | | ADDITIONS/CHANGES TO OF | -ICERS AF | Change | Addition | |
| TE | D | ☐ DELETI | | 1 TITLE | į | | | □ Change | | |
| WE. | KING, LAWRENCE D | | 1. | 2 NAME | | <i>;</i> 4; | | | | |
| REET ADDRESS | 10 FOURTH ST. | • | 1. | 3 STREET | ADDRESS | | | | | |
| TY-ST-ZIP | SHALIMAR FL 32579 | | 1. | 4 CITY-S | T-ZIP | | | | | |
| TLE | D · | ☐ DELET | 2. | 1 TITLE | | | | Change | ☐ Addition | |
| ₩E | KING, CYNTHIA S | | 2. | 2 NAME | | | | | | |
| REET ADDRESS | 10 FOURTH ST. | | 2. | 3 STREET | ADDRESS | | | | | |
| TY-ST-ZIP | SHALIMAR FL 32579 | | 2. | 4 CITY-S | T-ZIP | | | | | |
| ILE | | ☐ DELETI | 3. | 1 TITLE | | | | ☐ Change | ☐ Addition | |
| WE . | | | 3. | 2 NAME | | | | | : | |
| REET ADDRESS | • | | 3. | 3 STREET | ADDRESS | | | | | |
| } | | | - 1 | 4. CITY-S | . | • | | | | |
| TY-ST-ZIP TLE | HP-4 | ☐ DELETI | | 1 TITLE | | | | ☐ Change | ☐ Addition | |
| | | | | 2 NAME | | | | | | |
| ME | | | | * | ADDRESS | | | | | |
| REET ADDRESS | , | | | | | | | | | |
| TY-ST-ZIP | | ☐ DELET | | 4 CITY-S' 1 TITLE | 1-211 | | | [] Change | Addition | |
| îLE | | ☐ ACCEU | | 2 NAME | | • | | | | |
| ∛ME | | | | | ADDRESS | • | | | | |
| REET ADDRESS | | | | | | | | | | |
| TY-ST-ZIP | | | | 4 CITY-S | 1-ZIP | | | [] Change | ☐ Addition | |
| rle. | | ☐ DELET | - I | 1 TITLE | | | | ☐ Change | ☐ Addition | |
| WE | | | | 2 NAME | | | | | | |
| REET ADDRESS | | | 6. | 3 STREET | ADDRESS | ·* . | | | | |
| | | | | 4 CITY 6 | T 711D | | | | | |

4. 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. **IIGNATURE**

Jo whom it may ancern # 09200000 1606

lam asking that you wave

penalities on filing corporation annual

report. I was totally remained of this

report-until just recortly. I am always

primpt in filing such things, but this

being my first report and not knowing

about it am deply sorry and will

make sure it is filled promptly next

report.

Thank you Lawrence D. King 850-664-7769

7-20 99