

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90034 033 ***150.00

0071549

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000010668

1. Corporation Name

FAMILY AFFAIR WHISTLE STOP RESTAURANT, INC.



Principal Place of Business

Mailing Address

1133 GLENWOOD RD
DELAND FL 32720

1133 GLENWOOD RD
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3541 NE JACKSONVILLE RD		26 3541 NE JACKSONVILLE RD		02/02/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-3491006	
23 City & State		28 City & State		5. Certificate of Status Desired	
OCA FL		OCA FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
34479		34479		Trust Fund Contribution	
25 Country		30 Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
MARION		MARION		8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ECKHARDT, SAMUEL B JR.
1133 GLENWOOD RD
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name	RUTH WRIGHT
82 Street Address (P.O. Box Number is Not Acceptable)	3653 NW JACKSONVILLE RD
83	
84 City	Ocala FL
85 Zip Code	34479

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 *Ruth Wright* *Ruth Wright* *President* DATE 01-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRAS RUTH WRIGHT
STREET ADDRESS		1.3 STREET ADDRESS	3653 NW JACKSONVILLE RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ocala FL 34479
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PRAS R WRIGHT
STREET ADDRESS		2.3 STREET ADDRESS	3541 NW JACKSONVILLE RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocala FL 34479
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DR. PENELOPE J WASSERHOFF
STREET ADDRESS		3.3 STREET ADDRESS	3632 NE 28TH COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocala FL 34479
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Ruth Wright* *Ruth Wright* *President* DATE 01-29-99 352-629-1771

CR2E034 (11/98)