PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046595 1. Corporation Name

MERRY KITCHEN GOODIES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90075 033 ***150.00



Principal Place of Business Mailing Address					,				
6501 NW 29TH TERR. 6501 NW 29TH TERR.			•						
GAINESVILLE FL 32653 GAINESVILLE FL 32653					DO NOT	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua	ifed			
					05/21/1998				l
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 7/ 3/	_	\ 	olied For	
21 1500	X M.W. SPICKL	26		_	59-350 1634	<u>/</u>		Applicable	ĺ
Suite, Apt.	#, etc.	├ ┐ ' ' '	Suite, Apt. #, etc.			d 🗆	\$8.75 A Fee Red		
22 27 City & State 11 City & State					6. Election Campaign Finance	ina	\$5.00	·	l
23 (7 ainestille, FL 28					Trust Fund Contribution	g 🗆	Added to	•	
Zio	Country	Zip Country				8. This corporation owes the current year Intangible			
24 32/00	5 25 1/5A	29	30		Personal Property Tax.	,		□No	ĺ
	9. Name and Address of Curre				10. Name and Address of N	ew Registered	Agent		
				81 Name	same				
WERTHER, MARI E				82 Street	Address (P.Q. Box Number is Not Ac	ceptable)			l
6501 NW 29TH TERR.				12	502 N.W. 512/cm.				
GAIN	iesville fl 32653			83	•				
				84 City			85 Zip C	ode	
		11	_	11/2	incsville	FL	- 520	DS .	
11. Pursuant	to the provisions of Sections 607.05	82 and 60 .1508, Florida Statut	es, the a	bove-named	corporation submits this statement for pration's board of directors. I hereby	the purpose of	changing its	registered sistered	
agent. I a	m familiar with, and accept the object	along of, Section 607.0505, Fig	rida Stat	utes.	mation's board of directors. Thereby		Aa 💮	,	
SIGNATURE	-11/10 X ////	W// _				1-11	77	<u>_</u>	
	Signature, typed or printed name of registered ag-			Agent signature re	equired when reinstating)	DATE	ID DIDECTO	DC IN 12	Ś
12.	OFFICERS A	ND DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition	1
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NAME	WERTHER, MARI E			· ••••	1502 NW SISTICKI				8
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TITLE		☐ DELETE	6.1 T	ITLE			Change	☐ Addition	
NAME			6.2 N	IAME		,			
CTDCCT ADDDCCO			63.5	TREET ADDRESS					İ

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 a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: