


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90107 010 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000060511					
1. Corporation Name MT. DORA GOURMET CRACKER MARKET, INC.					
Principal Place of Business 2105 DOGWOOD CIRCLE MT. DORA FL 32757			Mailing Address 2105 DOGWOOD CIRCLE MT. DORA FL 32757		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1998	
21		26		4. FEI Number 59-3524124	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MONTEITH, DAVID W 2105 DOGWOOD CIRCLE MT. DORA FL 32757			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE D - PRESIDENT <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME MONTEITH, DAVID W.					
1.3 STREET ADDRESS 2105 DOGWOOD CIRCLE					
1.4 CITY-ST-ZIP MT. DORA FL 32757					
2.1 TITLE D & VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME BLACK, JEANNE					
2.3 STREET ADDRESS 1011 GORHAM STREET					
2.4 CITY-ST-ZIP MT. DORA FL 32757					
3.1 TITLE D SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME MONTEITH, JEANNE					
3.3 STREET ADDRESS 2105 DOGWOOD CR.					
3.4 CITY-ST-ZIP MT DORA, FL 32757					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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:

Signature of David W. Monteith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/26/99
Daytime Phone # 352-589-7000

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CR2E034 (1/98)