

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

DOCUMENT # P98000086068

1. Corporation Name
THE RAGIN'RAT CAFE, INC.

Principal Place of Business
1220 EDWARDS LANE
ORLANDO FL 32804

Mailing Address
1220 EDWARDS LANE
ORLANDO FL 32804

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90119 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

59-3539414

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 34526 State Road 44

Suite, Apt. #, etc.

22

City & State

23 Deland, FL

Zip

24 32721

Country

25 U.S.A.

2a. Mailing Address

26 49A East Third Street

Suite, Apt. #, etc.

27 Suite A

City & State

28 Apopka, FL

Zip

29 32703

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SHEPPARD, SCOTT
1220 EDWARDS LANE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name David Dumke

82 Street Address (P.O. Box Number is Not Acceptable)
49A East Third Street

83 Suite A

84 City Apopka,

FL

85 Zip Code
32703

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

David Dumke

David Dumke, V.P.

03/31/99

DATE

(Signature, typed or printed name of registered agent and title applicable.)

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME SHEPPARD, SCOTT O
STREET ADDRESS 1220 EDWARDS LANE
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P,D

☒ Change ☐ Addition

1.2 NAME

Sheppard, Scott O.

1.3 STREET ADDRESS

1220 Edwards Lane

1.4 CITY-ST-ZIP

Orlando, FL 32804

2.1 TITLE

V,D

☐ Change ☒ Addition

2.2 NAME

Dumke, David

2.3 STREET ADDRESS

2103 Hontoon Road

2.4 CITY-ST-ZIP

Deland, FL 32730

3.1 TITLE

S,D

☐ Change ☒ Addition

3.2 NAME

Woodall, James

3.3 STREET ADDRESS

160 Lazy Circle

3.4 CITY-ST-ZIP

Casselberry, FL 32707

4.1 TITLE

T,D

☐ Change ☒ Addition

4.2 NAME

Rice, David

4.3 STREET ADDRESS

802 Sweetbriar Road

4.4 CITY-ST-ZIP

Orlando, FL 32806

5.1 TITLE

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ Change ☐ Addition

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:

David Dumke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Dumke, V.P. 03/31/99 407/884-8918

Date

Daytime Phone #

CR2E034 (11/98)