

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

DOCUMENT # P98000086740

1. Corporation Name

TEDDY'S DIXIE DOG & BURGERS, INC.

Principal Place of Business
16 ST. JOHNS AVE.
PALM COAST FL 32137Mailing Address
16 ST. JOHNS AVE.
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

593537261

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

7. This corporation owes the current year

Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SAVY, BENJAMIN
2825 NO. OCEANSHORE BLVD.
FOLGER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name SALVATORE MERENDINO

82 Street Address (P.O. Box Number is Not Acceptable)

16 ST. JOHNS AVE.

83

84 City PALM COAST

FL

85

Zip Code 32137

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 SALVATORE MERENDINO - TREAS.

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

(NOTE: Registered Agent signature required when re-electing)

DATE

8/25/99

12. OFFICERS AND DIRECTORS

TITLE PRES. & VICE PRES. ☐ DELETE

NAME THEODORA MERENDINO

STREET ADDRESS 16 ST. JOHNS AVE

CITY-ST-ZIP PALM COAST, FL 32137

TITLE SECY/TREAS. ☐ DELETE

NAME SALVATORE MERENDINO

STREET ADDRESS 16 ST. JOHNS AVE

CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90099 021 ***150.00

08-30-1999 90010 032 ***550.00



CR2E034 (5/99)