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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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S47231

(3)

1. Corporation Name CAJUN GOURMET CORPORATION OF FLORIDA Principal Place of Business Mailing Address 10300 SOUTHSIDE BLVD #305 27001 U.S. HWY, 19 N. JACKSONVILLE FL 32256 SHITE 2083 CLEARWATER FL 34621 3. Date Incorporated or Qualified 3a. Date of Last Repo US 04/23/1991 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3067413 7411 Fullerton Street Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zip 3225W Yes No 24 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DRAUGHON, RICHARD SCOTT Street Address (P.O. Box Number is Not Acceptable) 82 200 SEST FORSYTH ST - STE 1730 JACKSONVILLE FL 32202 83 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TT DELETE Change Addition TITLE 1 1 THTLF YEN, KUNG-TI 1.2 NAME NAME 10300 SOUTHSIDE BLVD 305 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition □ DELETE TITLE 2.1 TITLE YEN, KUNG-PO 2.2 NAME NAME 10300 SOUTHSIDE BLVD 305 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3. 1 TITLE Change ☐ Addition TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition T) DELETE ☐ Change 4 1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5. 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6. 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

> C 904) 363-0366 Daytime Phone #

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR