

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S70263** (6)

RECIPE HOUSE, INC.

RECEIVED STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1001 W ORANGE BLOSSOM TR
APOPKA FL 32712-3400

Mailing Address

1001 W ORANGE BLOSSOM TR
APOPKA FL 32712-3400

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/29/1991

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

State: Apt # etc

22

State: Apt # etc

27

City & State

23

City & State

28

No.

Country

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4. FEI Number
59-3076794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLOW, TERRY M.
820 EMERALDA DR
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

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 607.14(1)(c) and 607.14(8), Florida Statutes, the above named corporation admits 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 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

STREET ADDRESS

CITY, ST, ZIP

**BLOW, TERRY M.
820 EMERALDA DR
ORLANDO FL**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from the filing. 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 manager or liquidator thereof to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE:

Terry M. Blow
SIGNATURE AND TYPED OR PRINTED NAME OF GRUING OFFICER OR DIRECTOR

4-30-95

(407) 880-4565