

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S89549** (7)

1. Corporation Name

KIM'S CAFE, INC.



Principal Place of Business

**245 WHITE OAK DRIVE
CRAWFORDVILLE FL 32327
US**

Mailing Address

**245 WHITE OAK DRIVE
CRAWFORDVILLE FL 32327
US**

2. Principal Place of Business

2a. Mailing Address

21 **2627 SPRING CREEK HWY**

26 **2625 White Oak Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **CRAWFORDVILLE, FL.**

28 **CRAWFORDVILLE, FL.**

Zip

Country

Zip

Country

24 **32327**

25 **Wakulla**

29 **32327**

30 **Wakulla**

9. Name and Address of Current Registered Agent

**HANNA, KIM O.
2005 APALACHEE PARKWAY
SUITE 200
TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified

10/22/1991

3a. Date of Last Report

04/12/1995

4. FEI Number

59-3089943

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

10. Name and Address of New Registered Agent

81

Name

HANNA, KIM O.

82

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

245 White Oak Dr.

83

84

City

CRAWFORDVILLE

FL

85 Zip Code

32327

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 date of signature

(If the Registered Agent Signature is required, it must be typed)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HANNA, KIM O**
STREET ADDRESS **RT 3 BOX 5341**
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**500001807845
-05/06/96--01007--039
***200.00**

APPROVED
MAY 1 1996
ALL

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)(g), 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

Kim O. Hanna

4/29/96 926-4070
Date Daytime Phone

CR2E034 (12/95)