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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 V12755 **DOCUMENT #** 

(7)

FLORIDA PIE, INC

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Mailing Address Principal Place of Business PO BOX 5036 2362 W HWY 98

Date Incorporated or Qualified	3a. Date of Last Report

	ISZ W HWT 90 ARY ESTHER FL 32569 S		DESTIN FL 32540-036 US			Date Incorporated or Qualified     02/10/1992		te of Last Report 08/11/1995
2.	Principal Place of Busin	ess	2a. Mailing Address 26 Post Office B	DΧ	5036	4. FEI Number 59-3106665		Applied For Not Applicable
21	Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	Orty & State		City & State 28 DESTIN, Flori DI	 4		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zıp	Country		untry	 5	Tionas attitates —		
24		25	Positioned Apeni	<u> </u>		10. Name and Address of New I	Registere	d Agent
	g. Name	e and Address of Cu	rrent Registered Agent	81	Name			
JORDAN, GLEN G.			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	808 HARBOR LN DESTIN FL 32541			83				
				84	City		F	L 85 Zip Code
11	. Pursuant to the provi or registered agent, o	sions of Sections 607, or both, in the State of	0502 and 607.1508, Florida Statutes, the al Florida. Such change was authorized by the Section 607.0505, Florida Statutes.	oove i	named corpor oration's boar	ation submits this statement for the pi rd of directors. I hereby accept the ap	urpose of pointment	changing its registered office as registered agent. I am

	CONTINUE TO PROTOCOLOGICA STATE OF CONTINUE TO STAT	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.	D DELETE	1 1 TITLE	
	JORDAN, GLEN G.	1.2 NAME	
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ITLE		6.2 NAME	
NAME		6 3 STREET ADDRESS	
STREET ADDRESS		64 CITY - ST - Z-P	to stated in Section 119 07/3/(k) Florida Statutes, I furthe

64City-SI-2P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 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 certify that I am an officer or director of the conjugation of 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 chapted, or on an attachment with an address. SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:X