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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V60302** **(9)**

1. Corporation Name
MR. COCKY'S CHICKEN, INC.

Principal Place of Business	Mailing Address
~~380 N. ST RD. 434~~ ~~ALTAMONTE SPRINGS FL 32714~~	~~380 N. ST RD. 434~~ ~~ALTAMONTE SPRINGS FL 32714~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1992	3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-3137016	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 136 PARK AVE. SO.	26 136 PARK AVE SO.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32789 Country 25	Zip 29 32789 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SCHEID, ROY~~ ~~380 N. ST. RD. 434~~ ~~ALTAMONTE SPRINGS FL 32714~~	81 Name: ROY P. SCHEID 82 Street Address (P.O. Box Number is Not Acceptable): 136 PARK AVE. So. 83 84 City: WINTER PARK FL 85 Zip Code: 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	SCHEID, ROY	12 NAME	SCHEID, ROY
STREET ADDRESS	~~380 N. ST. RD. 434~~	13 STREET ADDRESS	136 PARK AVE. So.
CITY ST ZIP	~~ALTAMONTE SPRINGS FL 32714~~	14 CITY ST ZIP	WINTER PARK, FL 32789
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	SCHEID, TIMOTHY	22 NAME	SCHEID, TIMOTHY
STREET ADDRESS	~~380 N. ST. RD. 434~~	23 STREET ADDRESS	136 PARK AVE. So.
CITY ST ZIP	~~ALTAMONTE SPRINGS FL 32714~~	24 CITY ST ZIP	WINTER PARK, FL 32789
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~SCHEID, GREGORY SCOTT~~	32 NAME	
STREET ADDRESS	~~380 N. ST. RD. 434~~	33 STREET ADDRESS	- 0 -
CITY ST ZIP	~~ALTAMONTE SPRINGS FL 32714~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	900001488788 -05/17/95--01010--025
STREET ADDRESS		43 STREET ADDRESS	****225.00 ****225.00
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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.

X SIGNATURE: _____ May 5 95 401-644 1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000710 CP