

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # V64369 (4)

1. Corporation Name

ROBBY'S PANCAKE HOUSE OF SPRING HILL, INC.



Principal Place of Business

Mailing Address

8274 RIVER COUNTY DR.  
SPRING HILL FL 34607

8274 RIVER COUNTY DR.  
SPRING HILL FL 34607

3. Date Incorporated or Qualified  
09/14/1992

3a. Date of Last Report  
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3141789

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

10. Name and Address of New Registered Agent

HORNIK PHILIP E  
8274 RIVER COUNTRY DRIVE  
SUITE 1500  
SPRING HILL FL 34607

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 607.0502 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME COOVER, DAVID S.  
STREET ADDRESS 10925 GULF BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

TITLE DST  
NAME HORNIK, PHIL  
STREET ADDRESS 10925 GULF BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

TITLE DV  
NAME COOVER, MICHAEL S.  
STREET ADDRESS 10925 GULF BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

TITLE D  
NAME ROBINSON, JULIA  
STREET ADDRESS 10925 GULF BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL ☒ DELETE

TITLE D  
NAME SMITH, BARBARA  
STREET ADDRESS 10925 GULF BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL ☒ DELETE

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP E HORNIK 4/30/96 352 596 6699

CR2E034 (12/95)