


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V64369** (4)
1. Corporation Name
ROBBY'S PANCAKE HOUSE OF SPRING HILL, INC.



Principal Place of Business 6274 RIVER COUNTY DR. SPRING HILL FL 34607	Mailing Address 6274 RIVER COUNTY DR. SPRING HILL FL 34607-2436
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2. Principal Place of Business 21 5399 COMMERCIAL WAY Suite, Apt. #, etc.		2a. Mailing Address 26 5399 COMMERCIAL WAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 05/01/1996
22 City & State 23 SPRING HILL FL		27 City & State 28 SPRING HILL FL		4. FEI Number 59-3141789	Applied For Not Applicable
24 34606 25 USA		29 34606 30 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent HORNIK PHILIP E 6274 RIVER COUNTY DRIVE SUITE 1600 SPRING HILL FL 34607		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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.		81 Name SAME (ADDRESS CHANGE ONLY)		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable) 5399 COMMERCIAL WAY		84 City SPRING HILL 85 FL		86 Zip Code 34606	

SIGNATURE		NOTE: Registered Agent signature required when reinstating.		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DP	COOVER, DAVID S.	10925 GULF BLVD. TREASURE ISLAND FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DST	HORNIK, PHIL	10925 GULF BLVD. TREASURE ISLAND FL	1.2 NAME	
	DV	COOVER, MICHAEL S.	10925 GULF BLVD. TREASURE ISLAND FL	1.3 STREET ADDRESS	
				1.4 CITY - ST - ZIP	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY - ST - ZIP	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY - ST - ZIP	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY - ST - ZIP	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY - ST - ZIP	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
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SIGNATURE:	SIGNATURE REQUIRED	4/27/97	352 596 4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)