FILED Apr 16, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

	999 DIVISION OF CORPORATIONS					04-16-1999 90118 023 ***150.00					
i. Corporation	MENT # V6: TE FOOD CONCEPT										
Principal Place of Business Mailing Address 809 CENTERWOOD DR 809 CENTERWOOD TARPON SPRINGS FL 34689 TARPON SPRINGS F									WRITE IN THIS		
2. Principal P 21 Suite, Apt.	lace of Business	- = · = 26	Mailing Address Suite, Apt. #, etc.					09/09/1992 4. FEI Number - 59-3145791			olied For Applicable
City & State	· .	27	City & State					Certificate of Status Desire Election Campaign Financ Trust Fund Contribution		\$5.00 I	May Be
Zip 24	Country 25 9. Name and Addres	29		Cou	ntry			This corporation owes the Personal Property Tax. Name and Address of N	<u> </u>	angible Yes	□No
809 TARI	OUSE, GEORGE W. CENTERWOOD DR. PON SPRINGS FL 346 to the provisions of Sectic egistered agent, or both, i m familiar with, and accep	ns 607.0502 and 60	i. Such change was aut	nonzed	DV.	City	corpora	s (P.O. Box Number is Not Acc tion submits this statement for s board of directors. I hereby a	FL.	85 Zip Changing its atment as reg	registered
SIGNATURE	Signature, typed or printed name of	registered agent and title if	applicable. (NOTE: F	Registered	Agen	t signature n	equired wi	ten reinstating)	DATE		
12.	OF	FICERS AND DIREC		13.				ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE NAME STREET ADDRESS	D DYHOUSE, GEORGE 809 CENTERWOOD	DR.	☐ DELETE		ME REET	ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	TARPON SPRINGS F	<u>-</u>	☐ DELETE	1.4 CF 2.1 TH 2.2 N/ 2.3 ST	TLE VME	ADORESS				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3.1 TTT 3.2 NA 3.3 S1	ILE ME	T-ZIP TADDRESS				Change	Addition
CITY-ST-ZIP TITLE NAME			☐ DELETE	4.1 Til 4. 2 N	nle Ame	T-ZIP				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	4.3 S? 4.4 CF 5.1 TF 5.2 NA	TLE					Change	Addition
STREET ADDRESS				5.3 ST	REET	ADDRESS					

14. I 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 of the

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition