

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V66452** (6)

1. Corporation Name
LET'S COOK, INC.

FILED
FILED
95 JAN 27 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 281 REGENY SQUARE MALL JACKSONVILLE FL 32225 US	Mailing Address 2293 HAMMOCK OAKS DR N JACKSONVILLE FL 32223
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3. Date incorporated or Qualified: 09/24/1992	3a. Date of Last Report 04/20/1994
4. FEI Number 59-3153870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Let's Cook	2a. Mailing Address 26
22 153 The Avenues Mall	27
23 Jacksonville, Florida	28
24 32256	25 Duval
29	30

9. Name and Address of Current Registered Agent

**DECKARD, RONALD
2293 HAMMOCK OAKS DR N
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DECKARD, RONALD
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE. N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP
NAME	DECKARD, JANICE
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP
NAME	CROSBY, HOLLY
STREET ADDRESS	11041 RIDGE POINT DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. (ADDITIONS) CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S Deckard & Wendy
1.3 STREET ADDRESS	2293 Hammock oaks dr. N.
1.4 CITY-ST-ZIP	Jacksonville, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T Deckard, Laurie
2.3 STREET ADDRESS	2293 Hammock oaks dr. N.
2.4 CITY-ST-ZIP	Jacksonville, FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald E. Deckard, President Ronald E. Deckard, President 1-25-95 (904) 464-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)