

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66452** (6)

1. Corporation Name

LET'S COOK, INC.



Principal Place of Business

**LET'S COOK
153 THE AVENUES MALL
JACKSONVILLE FL 32256
US**

Mailing Address

**2293 HAMMOCK OAKS DR N
JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified
09/24/1992

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3153870

Applied For
Not Applicable

22

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

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

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

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 not applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DECKARD, WENDY | |
| STREET ADDRESS | 2293 HAMMOCK OAKS DR. N. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | DECKARD, LAURIE | |
| STREET ADDRESS | 2293 HAMMOCK OAKS DR. N. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CROSBY, HOLLY | |
| STREET ADDRESS | 11041 RIDGE POINT DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | VP |
| 4.3 STREET ADDRESS | Janice Deckard |
| 4.4 CITY-ST-ZIP | 2293 Hammock oaks Dr. N. |
| | Jacksonville, FL 32223 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | P |
| 5.3 STREET ADDRESS | Ronald Deckard |
| 5.4 CITY-ST-ZIP | 2293 Hammock oaks Dr. N. |
| | Jacksonville, FL 32223 |
| 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 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:

Ronald Deckard, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

(904) 464-0110

2-22-91

(904) 464-0110

CR2E034 (12/95)