

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

FILED

Jan 21, 1999 8:00am  
Secretary of State

01-21-1999 90032 002 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # V66452

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/24/1992

4. FEI Number  
59-3153870

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

JANICE DECKARD  
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 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.

*Janice Deckard, President* 8-0-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
VP	PESEK, WENDY	308 ISLAND VIEW CIR	ORANGE PARK FL	
T	DECKARD, LAURIE	2293 HAMMOCK OAKS DR. N.	JACKSONVILLE FL	
VP	CROSBY, HOLLY	10138 ARROWHEAD DR E #6	JACKSONVILLE FL	
P	DECKARD, JANICE	2293 HAMMOCK OAKS DRIVE NORTH	JACKSONVILLE FL	
S	DECKARD, RONALD	2293 HAMMOCK OAKS DRIVE NORTH	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE:

*Janice Deckard, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-99

Daytime Phone #

(904) 260-0023

CR2E034 (11/98)