Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90016 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 518800

DEVRIES BELGIAN BAKERY, INC.

Principal Place	of Business	Mailing Address					li Mürr Arbir ar	 	1811 B1811 1881
3005 CARING WAY 3005 CARING WAY									
P.O. BOX 3179 P.O. BOX 3179									
PORT CHARLOTTE FL 33949 PORT CHARLOTTE FL 33949			949	l		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 11/19/1976			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				59-1703439		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27						Fee Rec	
City & State	9	City & State				6. Election Campaign Financing		\$5.00	, ,
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip	_	intry		8. This corporation owes the curre	ent year Inti		_No
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Ro	naictored .		
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
MOO	DRE, JAMES E. III			" '	Name				
1625 W. MARION AVENUE SUITE 2			82 Stree		Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
	TA GORDA FL 33950			83					
1014	TA GOTEATE 30330			83					
				84	City		FL	85 Zip C	ode
		100 Ft 11 Ct 1		<u> </u>		protion submits this statement for the		changing its	registered
office or re	edistered agent, or both, in the State	of Florida. Such change was	authorized	d by th	named corpo ne corporatio	pration submits this statement for the points board of directors. I hereby accept	t the appoi	ntment as reg	jistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	utes.	•				
									- (
SIGNATURE						T	DATE		—— i
	Signature, typed or printed name of registered age			l Agent si	signature required	when reinstating)	DATE ICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12
12.	OFFICERS AN		13.	TLE	signature required				
12. TITLE NAME	OFFICERS AND DEVRIES, WILLY	ND DIRECTORS	13. 1.1 Π 1.2 N	TLE AME					
12. TITLE NAME STREET ADDRESS	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET AL	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DEVRIES, WILLY	ND DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S 1.4 CI	TLE AME TREET AL	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI	TLE AME TREET AL ITY-ST-Z	DORESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S 1.4 Cl 2.1 TI 2.2 N.	TLE AME TREET AL TY-ST-Z TLE AME	DORESS ZIP			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 Cl 2.1 TI 2.2 N 2.3 S	TLE AME TREET AL TY-ST-Z TLE AME	DORESS ZIP DORESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 G 2.1 TI 2.2 N. 2.3 S 2.4 G	TLE AME TREET AL ITY-ST-Z TLE AME TREET AL	DORESS ZIP DORESS	ADDITIONS/CHANGES TO OFF		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS	13. 1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI 2.2 No 2.3 S 2.4 CI 3.1 TI	TLE AME TREET AL TTY-ST-Z TLE AME TREET AL CITY-ST-Z TLE	DORESS ZIP DORESS	ADDITIONS/CHANGES TO OFF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N.	TLE AME TREET AL ITY-ST-Z ITLE AME TREET AL ITY-ST-; ITLE AME	DORESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S'	TLE AME TREET AL ITY-ST-Z TLE AME TREET AL CITY-ST- TLE AME TREET AL TREET AL	DORESS ZIP DORESS ZIP DORESS	ADDITIONS/CHANGES TO OFF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S'	TLE AME TREET AL TY-ST-Z TLE AME TREET AL CITY-ST-Z TLE AME TREET AL CITY-ST-Z TLE AME	DORESS ZIP DORESS ZIP DORESS	ADDITIONS/CHANGES TO OFF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S' 3.4 Cl 4.1 TI	TLE AME TREET AL ITY-ST-Z TLE AME TREET AL CITY-ST-; TLE AME TREET AL CITY-ST-; TLE TREET AL	DORESS ZIP DORESS ZIP DORESS	ADDITIONS/CHANGES TO OFF		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 .C 4.1 TI 4.2 N.	TLE AME TREET AL ITY-ST-Z TLE AME TREET AL CITY-ST-; TLE AME TREET AL CITY-ST-; TLE AME	DORESS ZIP DORESS ZIP DORESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 12 N. 1.3 S' 1.4 CI 2.1 TI 22 N. 2.3 S' 2.4 CC 3.1 TI 32 N. 33 S' 34. CC 4.1 TI 4.2 N. 4.3 S'	TILE AME TIREET AI TITY-ST-Z TILE AME TREET AI TITLE TITLE TREET AI	DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 12 N. 1.3 S' 1.4 CI 2.1 TI 22 N. 2.3 S' 2.4 CC 3.1 TI 32 N. 33 S' 34. CC 4.1 TI 4.2 N. 4.3 S'	TLE AME TREET AI TITLE TREET AI	DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C	TILE AME TREET AI TILE AME TREET AI	DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C' 3.1 TI 3.2 N. 3.3 S' 3.4 C' 4.1 TI 4.2 N. 4.3 S' 4.4 C' 5.1 TI 5.2 N.	TILE AME TREET AI TILE AME TREET AI TREE	DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE	13. 1.1 TI 12 N 1.3 S 1.4 CI 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TILE AME TREET AI TILE AME TREET AI	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DEVRIES, WILLY 4040-A TAMIAMI TRAIL	DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 C 5.1 TI 5.2 N. 5.3 S 5.4 C	TLE TREET AL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFF		Change Change Change	Addition Addition Addition

CITY-ST-ZIP 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 attach per with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: