

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

**APPROVED
AND
FILED**

95 APR 28 PM 3:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L62048 (8)

1. Corporation Name
SWEET MELISSA, INC.

Principal Place of Business
**5405 CYPRESS CENTER DR. #180
TAMPA FL 33609**

Mailing Address
**5405 CYPRESS CENTER DR. #180
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1990		3a. Date of Last Report 04/25/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3010793		Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent KUTCHINS, BRYAN A 3711 TAMPA ROAD, SUITE 103 OLDSMAR FL 34677				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.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MILBURN, MARLENE E	1.2 NAME	
STREET ADDRESS	514 AVERY AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MILBURN, JOHN F	2.2 NAME	
STREET ADDRESS	514 AVERY AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), Florida Statutes. I further certify 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:

Marlene E. Milburn **Marlene E. Milburn** 4/25/95 813 203-8428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR