

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 FEB 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057468
1. Corporation Name
Dunkin's Diamonds & Gold of Fort Myers, Inc

Principal Place of Business Mailing Address
11601 S. Cleveland Ave Dunkin's Diamonds & Gold
Ft. Myers, FL 33907 842 S. 30th St.
Heath, Oh 43055

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 11601 S. Cleveland Ave 25 842 S. 30th St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ft Myers, FL 28 Heath, Ohio
Zip Country Zip Country
24 33907 25 Lee 29 43056 30 Licking

3. Date incorporated or Qualified 3a. Date of Last Report
09/01/93 05/94
4. FEI Number Applied For
65-0433056 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Corporate Agents, Inc
1013 Centre Rd
P.O. Box 1281

10. Name and Address of New Registered Agent

81 Name Kathy Bigham
82 Street Address (P.O. Box Number is Not Acceptable)
4493 Colleen St
83
84 City Pont Charlotte FL 85 Zip Code 33948

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 *Kathy Bigham*
Signature: typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President/Secretary
NAME	Kathy Bigham
STREET ADDRESS	4493 Colleen St.
CITY ST ZIP	Pont Charlotte, FL 33948
TITLE	Vice President
NAME	Stuart Dinkin
STREET ADDRESS	35 A S. Westmoor Ave.
CITY ST ZIP	Newark, Ohio 43055
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
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32 NAME		
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41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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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(1)(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 at the time of the filing, and that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 if applicable, or in an attached document only, as address.

SIGNATURE: *Kathy Bigham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number