

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11:33

DOCUMENT # P93000063319 (6)

1. Corporation Name

LIQUID BREAD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
1320 N SEMORAN BLVD.
SUITE 101A
ORLANDO FL 32807

Mailing Address
1320 N SEMORAN BLVD.
SUITE 101A
ORLANDO FL 32807

2. Principal Place of Business
21 1007 La Quinta Dr
Suite Apt # etc
22 City & State
23 Orlando FL
Zip 32809 Country

2a. Mailing Address
26 1007 La Quinta Dr
Suite Apt # etc
27 City & State
28 Orlando FL
Zip 32809 Country

9. Name and Address of Current Registered Agent
CHEEK, LEON B III
2601 WELLS AVENUE, SUITE 101
FERN PARK FL 32730

10. Name and Address of New Registered Agent
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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	MOENCH, TOM	2450 ABSHER RD	NARCOOSEE FL
DVP	CHEEK, JOHN D	1320 N SEMORAN BLVD., SUITE 101A	ORLANDO FL
DC	ALLEN, BETTY A	1320 N. SEMORAN BLVD., STE. 101A	ORLANDO FL
DTS	BLANNING, JILLIAN H	1320 N. SEMORAN BLVD., STE. 101A	ORLANDO FL
D	BROWN, CAROL	2450 ABSHER RD.	NARCOOSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☒ Change	☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☒ Change	☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☒ Change	☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change	☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change	☐ Addition

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)(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 or the registered agent 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. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D Cheek

180pm 95 (407) 282-3880