

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY 10 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-94000046070
1. Corporation Name

Semihole Bagel Inc.

Principal Place of Business Mailing Address
1427 W. Tennessee St.
Tallahassee, Fla. 32304

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suits, Apt. #, etc. | Suits, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip Country | Zip Country |
| 24 | 25 |
| 29 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 6-20-94 | |
| 4. FEI Number | Applied For |
| 59-3252155 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | Yes <input type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

Sandie Harris
4365 S.W. 53 Ave.
DAVIE, Fla. 33314

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 Sandie Harris
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when circulating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | | 11 TITLE | JASON Webb <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | President, Director, stock holder |
| STREET ADDRESS | | 13 STREET ADDRESS | 222 N. Ocala Rd #107 |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP | Tallahassee Fla. 32304 |
| TITLE | | 21 TITLE | Vice-President, stock holder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | Gordon W. Harris |
| STREET ADDRESS | | 23 STREET ADDRESS | 4365 SW 53 Ave |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | DAVIE, FLA. 33314 |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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 119.07(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 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.

SIGNATURE: Jason W. Harris 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE