## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S38014

(4)

YUMMIES ENTERPRISES, INC.

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



5005 8T RT 776 VENICE FL 34283		5005 ST RT 776 VENICE FL 34283				
					DO NOT WRITE IN THIS	SSPACE
					3. Date Incorporated or Qualified 03/08/1991	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0254021	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the c	urrent year Intengible
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registerer	I Agent
	BENT, C. DAVID		8	1 Name		
	5		8	2 Street	Address (F.O. Box Number is Not Acceptable)	
VLIV	IIOE 1 L 37283		8	3		
			8	4 City		85 Zip Code
44 Busevani ta	the provisions of Cookens 607	OF 02 and COZ 1F00 Florido Ctatud	lon the one	l named	corporation submits this statement for the purpose	
office or re-	gistered agent, or both, in the S	osoz and 607, 1908, Florida Statu tate of Horida Such change was bligations of, Section 607,0505, FI	authorized I	by the card	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	or changing its registered pointment as registered
SIGNATURE	Someture, typed or printed name of registere				required where reinstating) DATE	
12,	<del></del>	AND DIRECTORS	13.	дент ыдлаште	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 1018		The state of the s	Change Addition
NAME	NUGENT, C DAVID	_	1.2 NAM	,		[
STREET ADDRESS 320 PINE GLEN CT			1.3 STREET ADDRESS			[8]
CITY-ST-ZIP	ENGLEWOOD FL		. 1.4 CITY - ST - ZI			رُا
TITLE	The second control of		2 1 1111		VIII.	Change Addition
NAME	NUGENT, JUDITH		2.2 NAM	E		
STREET ADDRESS	320 PINE GLEN CT		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>		2. 4 CITY	- S1 - ZIP		-
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- \$T - ZIP		
TITLE		☐ DELETE	4.1 TITLE		<del></del>	Change Addition
NAME .			4 2 NAM	F		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE	_	☐ DELETE	5 1 THILE		· — · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	et audress		
CITY-S1-ZIP			5.4 City	·ST · ZtP		
TITLE		☐ DELET <b>E</b>	6.1 TITLE			Change Addition
NAME			6.2 NAM			İ
STREET ADDRESS			6.3 STRE	FT ADDRESS		
CITY-ST-ZIP			6.4 CITY			
14 I hereby ce	artification the intermedien condi-	d with this films slove not smalify to	or the even	ntion rtate	d in Section 119 07/3)(i) Florida Statutes, Literiber of	portify that the information

In hereby certify that the information supplied with this filling 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 suppliemental 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 trusted 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 attrichment with an address