

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

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**95 APR 14 PM 2:12**

**CORPORATION ANNUAL REPORT 1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S39234 (7)**  
1. Corporation Name  
**MR. BILL'S DONUTS & DELI. INC.**

Principal Place of Business  
**303 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689**

Mailing Address  
**303 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2059581** Applied For  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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**KEIGANS, JULIE  
303 SOUTH PINELLAS AVE.  
TARPON SPRINGS FL 34689**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEIGANS, WILLIAM B.</b>	1.2 NAME	
STREET ADDRESS	<b>1745 GOLF VIEW DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEIGANS, JULIE</b>	2.2 NAME	<b>KEIGANS, JULIE</b>
STREET ADDRESS	<b>1118 GREENLEA DR.</b>	2.3 STREET ADDRESS	<b>4853 ARGEAN AVE</b>
CITY - ST - ZIP	<b>HOLIDAY FL 34691</b>	2.4 CITY - ST - ZIP	<b>Holiday, FL 34690</b>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSONS, CATHY</b>	3.2 NAME	
STREET ADDRESS	<b>2707 BLOSSOR LAKE DR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL 34691</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: Cathy Parsons Cathy Parsons 4.11.95 813.934.0331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)