

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14355 (4)

1. Corporation Name
DOUGH FOR DOUGH, INC.



Principal Place of Business 853 N. 14 ST. LEESBURG FL 34748	Mailing Address 953 N. 14 ST. LEESBURG FL 34748-3638
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3. Date Incorporated or Qualified 02/14/1992	3a. Date of Last Report 11/15/1996
4. FEI Number 59-3106820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 953 N 14th ST Suite, Apt. #, etc.	2a. Mailing Address 26 953 N 14 ST Suite, Apt. #, etc.
22 City & State 23 Leesburg, FL	27 City & State 28 Leesburg, FL
24 Zip 34748-3638 25 Country LAKE	29 Zip 34748-3638 30 Country LAKE

9. Name and Address of Current Registered Agent BRADLEY, STEVE 605 LEWIS ST. FRUITLAND PARK FL 34731	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 _____ DATE _____
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P BRADLEY, STEVE
STREET ADDRESS	605 LEWIS ST.
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	<input type="checkbox"/> DELETE
NAME	S BRADLEY, ANITA C
STREET ADDRESS	605 LEWIS ST.
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	<input type="checkbox"/> DELETE
NAME	V CANTERBURY, CECIL
STREET ADDRESS	2875 NE 32ND PLACE
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CANTERBURY, BETTY
STREET ADDRESS	2875 NE 32ND PLACE
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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: Steve Bradley **DOUGLAS STEVE BRADLEY** 1-25-97 (352) 787-2600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)