FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 07/08/1994

2. Principal Place of Business	2a. Mailing Address
21 1007 La Quinta Dr	26 1007 La Quinta Dr
22 Suite Apt. #, etc.	27 Suite Apt. #, etc.
23 City & State: Orlando FL	28 City & State: Orlando FL
24 Zip: 32809 25 Country	29 Zip: 32809 30 Country

4. FEI Number: 59-3200292 ☐ 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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MOENCH, TOM	12 NAME		
STREET ADDRESS	2450 ABSHER RD	13 STREET ADDRESS		
CITY-ST-ZIP	NARCOOSEE FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☑ Change ☐ Addition
NAME	CHEEK, JOHN D	22 NAME		
STREET ADDRESS	1320 N SEMORAN BLVD., SUITE 101A	23 STREET ADDRESS	1007 La Quinta Dr	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando FL 32809	
TITLE	DC	31 TITLE		☑ Change ☐ Addition
NAME	ALLEN, BETTY A	32 NAME		
STREET ADDRESS	1320 N. SEMORAN BLVD., STE. 101A	33 STREET ADDRESS	1007 La Quinta Dr	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando FL 32809	
TITLE	DTS	41 TITLE		☑ Change ☐ Addition
NAME	BLANNING, JILLIAN H	42 NAME		
STREET ADDRESS	1320 N. SEMORAN BLVD., STE. 101A	43 STREET ADDRESS	1007 La Quinta Dr	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando FL 32809	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, CAROL	52 NAME		
STREET ADDRESS	2450 ABSHER RD.	53 STREET ADDRESS		
CITY-ST-ZIP	NARCOOSEE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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: J H Cheek John D CHEEK 18 Jan 95 (407) 282-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087770 CP