FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000063319 (6)**

1. Corporation Name
LIQUID BREAD, INC.

Principal Place of Business	Mailing Address
1007 LAQUINTA DR SUITE 101A ORLANDO FL 32809 US	1007 LA QUINTA DR SUITE 101A ORLANDO FL 32809-7722 US

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 04/18/1996

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

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	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOENCH, TOM		1.2 NAME	
STREET ADDRESS	2450 ABSHER RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	NARCOOSEE FL		1.4 CITY-ST-ZIP	
TITLE	DCEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHEEK, JOHN D		2.2 NAME	
STREET ADDRESS	1007 LA QUINTA DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, BETTY A		3.2 NAME	
STREET ADDRESS	1007 LA QUINTA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	DTS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLANNING, JILLIAN H		4.2 NAME	
STREET ADDRESS	1007 LA QUINTA DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, CAROL		5.2 NAME	
STREET ADDRESS	2450 ABSHER RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	NARCOOSEE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Jillian H Blanning Jillian H Blanning 2/7/97 (407) 888-3533