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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
2312 CLARK STREET #8 APOPKA FL 32703 US	2312 CLARK STREET #8 APOPKA FL 32703 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1993

2. Principal Place of Business	2a. Mailing Address
21	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHEEK, LEON B III 2601 WELLS AVENUE, SUITE 101 FERN PARK FL 32730	81 Name: Jillian Blanning 82 Street Address (P.O. Box Number is Not Acceptable): 2312 Clark St # 8 83 84 City: Apopka FL 85 Zip Code: 32703

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: Jillian H Blanning — Jillian H Blanning — 2/3/98
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	CHEEK, JOHN D		1.2 NAME		
STREET ADDRESS	1007 LA QUINTA DR		1.3 STREET ADDRESS	2312 Clark St # 8	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Apopka FL 32703	
TITLE	DC	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	ALLEN, BETTY A		2.2 NAME		
STREET ADDRESS	1007 LA QUINTA DR		2.3 STREET ADDRESS	2312 Clark St # 8	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Apopka FL 32703	
TITLE	DTS	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BLANNING, JILLIAN H		3.2 NAME		
STREET ADDRESS	1007 LA QUINTA DR		3.3 STREET ADDRESS	2312 Clark St # 8	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Apopka FL 32703	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (10/97)

14. I 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.

407-888-3533

SIGNATURE: Jillian H Blanning — Jillian H Blanning — 2/3/98