

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **285273** (9)

1. Corporation Name  
**ALBERT DONUTS, INC.**



Principal Place of Business: 7301 124TH AVE. N. LARGO FL 34643-3010 US  
Mailing Address: 2470 INDIAN TRAIL E PALM HARBOR FL 34683 US

3. Date Incorporated or Qualified: 09/21/1964  
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business  
21 2470 Indian Trail E  
Suite, Apt. #, etc.  
22  
City & State  
23 Palm Harbor FL  
Zip Country  
24 34683 25 Pinellas 29

4. FEI Number: 59-1092335  
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

10. Name and Address of New Registered Agent

BURDICK, BERT H  
2470 INDIAN TRAIL E  
PALM HARBOR FL 34680

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P BURDICK, BERT H. <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, BERT H.	12. NAME
STREET ADDRESS	2470 INDIAN TRAIL E	13. STREET ADDRESS
CITY-ST-ZIP	PALM HARBOR FL	14. CITY-ST-ZIP
TITLE	ST BURDICK, SHIRLEY F. <input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, SHIRLEY F.	22. NAME
STREET ADDRESS	2470 INDIAN TRAIL E	23. STREET ADDRESS
CITY-ST-ZIP	PALM HARBOR FL	24. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME
STREET ADDRESS		33. STREET ADDRESS
CITY-ST-ZIP		34. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY-ST-ZIP		44. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY-ST-ZIP		54. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Bert H. Burdick Bert H. Burdick 429-96 813,786,7176  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)