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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

345848

(6)

TAS-T-O'S DOUGHNUTS OF OCALA, INC.

Principal Place of Business	Mailing Address
2205 SILVER SPRINGS BLVD	2205 SILVER SPRINGS BLVD
OCALA FL 34470	OCALA FL 34470

FILED Mar 12 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				; a sadrad strett midde Alian, entre medde sast Armit Alune mans Eiste midte Armit enat.			
2205 SILVER SPRINGS BLVD		2205 SILVER SPRINGS BLVD							
OCALA FL 34	470	OCALA FL 34470				DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualified			
						05/08/1969			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-1264893		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					s Desired \$8.75 Additional		
22		27				6. Certificate of Status Desired	Fee	Required	
City & State		City & State				6. Election Campaign Financing			
23		28					Added to Fees		
· ·	Zip Country Zip		Country			8. This corporation owes or has paid the		1	
24	25 29 29 9. Name and Address of Current Registered Agent		30				Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent		
		ill begistelen wästit		61	Name	10, Name and Address of New Negister	o Agent		
	TMON, JANICE G.			ľ					
	IO N.E. 10TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)					
l oc	ALA FL 32670			B3		······································			
]				"				1	
				84	City		85 Zi	p Code	
44 Duramont	to the provisions of Sections 507.01	02 and 607 1509 Florido Stat	itos the s		nomad ac			a Ita ragistarad	
office or r	egistered agent, or both, in the State	e of Florida, Such change was	s authorize	ed by	the corpor	orporation submits this statement for the purpositation's board of directors. I hereby accept the a	appointment	as registered	
agent. La	m familiar with, and accept the obliq	gations of, Section 607.0505, I	Florida Sta	itutes	i.				
SIGNATURE	Signature, typed or printed name of registered as	root and tale if a regionalis	O16 Basistava	od And	nt elepature rec	guired when reinstating) OATI			
12,		ND DIRECTORS	13.	ac Mos	in algratura rec	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
THLE	D	DELETE	1.5 T	ITLE			Change		
NAME	EATMON, JANICE G.		1.2 N	IAME	\		-		
STREET ADDRESS			1	1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 0	NTY-S1	r-zip				
TITLE			2.1 T	ITLE			Chang	e 🔲 Addition	
NAME	GUINN, GEORGE R.		2.2 N	2.2 NAME					
STREET ADDRESS 1081 NE 28TH STREET			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP		I-ZIP				
TITLE	SD			ITLE			Change	e 🔲 Addition	
NAME			3.2 N	AME					
STREET ADDRESS	3240 NE 10TH STREET		3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	OCALA FL		34.0	CITY- Ş	T-ZIP				
TITLE	T	DELETE	4.1 T				Change	e Addition	
NAME	EATMON, GEORGE C		4.21	NAME	1			. }	
STREET ADDRESS	3240 NE 10TH STREET		4.3 S	4.3 STREET AL					
CITY-ST-ZIP	OCALA FL		4.40	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 T	TILE			Change	e	
NAME			5.2 N	IAME	-				
STREET ADDRESS			5.3 \$	TREET	ADDRESS			1	
CITY-ST-ZIP			5.4 0	HY-\$1	T- Z IP				
TITLE		☐ DELETE	6.1 T	ITLE			Chang	e Addition	
NAME			6.2 N	IAME	1	•			
STREET ADDRESS			6.3 S	TREET	ADORESS			ľ	
CITY-ST-ZIP			640	ary-si	I - ZIP				

Thereby 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 suppliemental 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 comporation 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 or chapter 607, or on an attachment with an address

9/98 352-622-7657