Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90154 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 345848

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TAS-T-O'S DOUGHNUTS OF OCALA, INC.						
	· · · · · ·					
Principal Place of Business 205 SILVER SPRINGS BLVD OCALA FL 34470 2. Principal Place of Business 21 22. Suite, Apt. #, etc. 22 23 24 25 26 27 28 28 29 29 29 29 29 29 3 Name and Address of Current Registered Agent EATMON, JANICE G. 3240 N.E. 10TH STREET OCALA FL 32670 21 21 21 22 23 24 25 26 27 28 28 29 29 29 3 Name and Address of Current Registered Agent EATMON, JANICE G. 3240 N.E. 10TH STREET OCALA FL 32670 21 21 22 23 24 25 26 27 29 29 29 29 3 Name and Address of Current Registered Agent EATMON, JANICE G. 3240 N.E. 10TH STREET OCALA FL 32670 21 21 22 23 24 25 26 27 29 29 29 29 29 29 29 29 30 40 607.1508, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Status office or registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Status office or registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 05/08/1969	
2 Principal Pl	ace of Rusiness	2a. Mailing Address			4. FEI Number Applied For	
					59-1264893 Not Applicable	
					\$8.75 Additional	
					5. Certificate of Status Desired Fee Required	
	·		City & State		6. Election Campaign Financing 55.00 May Be	
-		28	•		Trust Fund Contribution Added to Fees	
			Zip Country		8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			8	1 Name	·	
			8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
				}		
			8	3		
. •			8	4 City	85 Zip Code	
1			- 1	1		
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						
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligation	Florida. Such change was authons of, Section 607.0505, Florida	onzed b Statute	y the corpor is.	poration's board of directors. I nereby accept the appointment as registered	
SIGNATURE				<u> </u>	(equired when rainstating) DATE	
				ent signature rec	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			1.1 TITLE	Г	Change Addition	
·	· •		1.2 NAME			
! !				ET ADDRESS		
					'	
		□ nelete	1.4 CITY- 2.1 TITLE		☐ Change ☐ Addition	
NAME	GUINN, GEORGE R.	ب محدداد	2.1 111LE			
STREET ADDRESS	1061 NE 28TH STREET			ET ADDRESS	3	
CITY-ST-ZIP	OCALA FL		2. 4 CITY		<u></u> _	
TITLE	SD :	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	EATMON, GEORGE C.	`	3.2 NAME		and the second s	
STREET ADDRESS	3240 NE 10TH STREET		3.3 STRE	ET ADDRESS	3	
CITY-ST-ZIP	OCALA FL		3.4. CITY	-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TTLE]	☐ Change ☐ Addition	
NAME	EATMON, GEORGE C		4. 2 NAM	E		
STREET ADDRESS	3240 NE 10TH STREET		4.3 STRE	ET ADDRESS	·	
CITY+ST-ZIP	OCALA FL		4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	i		
STREET ADDRESS	•		5.3 STRE	ETADDRESS	3	

CITY-ST-ZIP 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 obsporation 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 granted, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

☐ Change

☐ Addition