PROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 040

 Corporation 	Name 340402				
•	CRUST BAKERY, INC.				
GOLDEN	Chost DANLITT, INC.			I SANGER HING BLOCK BERNE BERNE HINGE HIGH AND A	INCO ALBUM AKAN ALBUM AKAN KAN
Principal Place	e of Business	Mailing Address		T SMATAN HINI BIBIO BISH BIBIS BRISH HIBI BIBIN BI	(Af) kiku nigii niali niali luni
10994 70TH AV		10994 70TH AVENUE N.		· ·	
	33772	SEMINOLE FL 200 337	72		
	30.7	, 201	<i>'</i> •	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				05/16/1969	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1261181	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		City & State			
City & State	e 	City & State	منتشد سرري	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip	Country	8. This corporation owes the current year Int	
Zip	Country 25		¬ ·	Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Curren		<u>'l</u>	10. Name and Address of New Registered	
	5. Haile and Address of Culter	ic registoras rigori	81 Name		
JUDI	D, JAMES S.				
8580 139TH LANE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SEM	INOLE FL 34886 33776		83		
	•		84 City	. FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the above-named con	noration submits this statement for the purpose of	changing its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was auth	ionzed by the corporat	tion's board of directors. I hereby accept the appoint	intment as registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	ionzed by the corporat	tion's board of directors. I hereby accept the appoi	intment as registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	ionzed by the corporat	tion's poard of directors. I neleby accept the appoi	intment as registered
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90003 016 ***150.00