

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 588602 (3)

1. Corporation Name

CASINO BAKERY, INC.

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2726 36TH STREET
TAMPA FL 33605

Mailing Address

P.O. BOX 5828
TAMPA FL 33605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1978
3a. Date of Last Report 04/28/1994

4. FEI Number 59-1849497
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

2. Principal Place of Business

21

Suite, Apt. #, etc

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SANCHEZ, LOUIS, JR.
2726 36TH STREET
TAMPA, FL. K 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Agent for Current Registered Agent (Applicable only if the corporation is changing its registered agent)

Agent for New Registered Agent (Applicable only if the corporation is changing its registered agent)

1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SANCHEZ, LOUIS III
STREET ADDRESS	509 OAKHURST DR.
CITY, ST, ZIP	BRANDON FL
TITLE	PD
NAME	SANCHEZ, LOUIS, JR.
STREET ADDRESS	509 OAKHURST DR.
CITY, ST, ZIP	BRANDON FL
TITLE	D
NAME	GOAN, IRIS TERES
STREET ADDRESS	3204 W CLIFTON ST
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	GARCIA, LORI
STREET ADDRESS	1712 ORANGEHILL DR
CITY, ST, ZIP	BRANDON FL
TITLE	D
NAME	SANCHEZ, AMY
STREET ADDRESS	509 OAKHURST DR
CITY, ST, ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.03(2)(b), Florida Statutes. I further certify that the information included 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 of this report, or in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Sanchez
Louis Sanchez

4/21/95 83-246-8227