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

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90180 026 ***150.00

DOCU!	MENT # F20002								
i. Corporation	PARK DONUTS, INC.								
OHANGE	" I VIII DOMO 10' IMO:				1 1881188	 		ALL BIRLI BIRLI BI	## ### (###
Principal Place	e of Business	Mailing Address			1 1001100	714# ilmir amitt Bartı amı	IN 1501 81811 BS		411 81911 1891
373 BLANDING		1955 WESMINSTER ST							
ORANGE PARK	FL 33073	PROVIDENCE RI 02909 US		i		DO NOT WRIT	E IN THIS	SPACE	
US		US		<u> </u>	3. Date Incorpo	rated or Qualifed			
					02/17/198	<u> </u>			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number				olied For
21		26			05-039 07	46			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired	□ `.	\$8.75 A Fee Red	
City & State	^	City & State			6 Floation Car	npaign Financing		\$5.00	
23	e	28			Trust Fund C			- Added to	
Zip	Country	Zip	Country		8. This corpora	tion owes the curre	nt year Inta	angible	
24	25	29	30		Personal Pro	perty Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			0. Name and A	Address of New Re	egistered /	Agent	
DAIL	TICKA CENE		81 Name	Man	vel S.	AndRaa			
272	tista, gemé Blanding blvd		82 Street	Address	(P.O. Box Num	ber is Not Acceptat	ble)	•	
	83	3 S	T. 740	mas DRI	re				
Onn	INGE PARK FL 33073				_				
	2		84 City	1/	Beach Gr	anda-a	FL	85 Zip C	970
44 Durawant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	s the above-named	d corporat	tion eubmite this	statement for the r	ournose of	changing its	registered
office or r	egistered agent, or both, in the State of manifer with and accept the obligation	of Florida. Such change was au	thorized by the cort	poration's	board of director	rs. I hereby accept	t the appoir	itment as reg	jistered
-	m familiar with and accept the obligati	ions ar, Section 607.0303, Fioni	ua Statutes.				1/25	199	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signature	required who			DATE		
12.	OFFICERS ANI		13.	1 000		CHANGES TO OFF	ICERS AN		RS IN 12 Addition
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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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #