FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Monham **ANNUAL REPORT** Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR 20 AM 9: 34 **DOCUMENT #** (0) SECRETARY OF STATE TALLAHASSEE, FLORIDA SUGAR AND SPICE BAKE SHOPPE, INC. Principal Place of Business Mailing Address 307 N. RIDGEWOOD AVE 307 N. RIDGEWOOD AVE **EDGEWATER FL 32132 EDGEWATER FL 32132** DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report 08/20/1981 05/01/1994 2. Principal Place of Business 2a, Malling Address Applied For FEI Number 59-2123063 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes \(\sum_{\text{No}} \text{No} \) Zio Country 710 Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **CRANDALL. GEORGE OTTO** Street Address (P.O. Box Number is Not Acceptable) 307 N. RIDGEWOOD AVE **EDGEWATER FL 32132** 83 84 City 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE 1 LTITLE CRANDALL GEORGE OTTO NAME 1 2 HAME 415 CAROLYN STREET STREET ADDRESS 1.3 STREET ADDRESS **NEW SMYRNA BCH FL** 1 4 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE 2.1 TITLE Change CRANDALL, SHELDON ROSS NAME 2.2 NAME 223 CRAWFORD ROAD STREET ADDRESS 2.3 STREET ADDRESS NEW SMYRNA BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition TITLE 31 TITLE CRANDALL, MARIE STAGE 32 NAME 223 CRAWFORD ROAD STREET ADORESS 33 STREET ADDRESS NEW SMYRINA BEACH FL CITY-ST-ZIP 34 CITY-ST-ZIP 41 IIILE Change Addition TITLE NAME 4.2 HAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition T Change TITLE S & BILLE NAME 5.2 HAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS G 3 STREET ADDRESS 64 CITY-ST-ZIP

14. I do heroby certily that the information supplied with this filing is vokuntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k). 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 tam 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.

George C. Crandall 4/15/15

704.727.2251