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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41148

(0)

SUGAR AND SPICE BAKE SHOPPE, INC.

FILED

May 09 1997 8:00am

Secretary of State

Principal Place of Business 307 N. RIDGEWOOD AVE EDGEWATER FL 32132		Mailing Address 307 N. RIDGEWOOD AVE EDGEWATER FL 32132-1617				
					3. Date Incorporated or Qualified 08/20/1981	3a. Date of Last Report 05/01/1996
hn '	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
Suite, Apt.	. #, elc.	Suite, Apt #, etc.			59-2123063	Not Applicable
22		27]			5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Counti		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30	,	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
	INDALL, GEORGE OTTO N. RIDGEWOOD AVE		8	1 Name		
	NEWATER FL 32132		8	2 Street Add	dress (P.O. Box Number is Not Acceptal	ole)
400			8	3		
			8-	4 City		85 Zip Code
	100	7.000 (1.000 P.)		1 7		FL T
office or	to the provisions of Sections 607,0502 registered agent, or both, in the State of	and 607.1508, Florida Stat g Florida, Such change wa	lutes, the abors authorized b	ve-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
	am ramiliar with, and accept the obligat	lions of, Section 607.0505,	Florida Statute	es.		
SIGNATURE	Signature, typed or printed name of registered agent		OTL Registered A	gent signature req.	o red whon reinstating)	DATE
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	CRANDALL, GEORGE OTTO	L_I DELETE	1.1 TITLE 1.2 NAME			Change Addition
STREET ADDRESS	415 CAROLYN STREET			1 ADDRESS		
CHTY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-			
TITLE	VP	DELLJE	2.1 TITLE			Change Addition
NAME	CRANDALL, SHELDON ROSS		2.2 NAME			
STREET ADDRESS	223 CRAWFORD ROAD NEW SMYRNA BCH FL			1 ADDRESS		
CITY-ST-ZIP TITLE	ST	DELETE	2.4 CITY 3.1 TITLE	- S1 - ZIP		Change Addition
NAME	CRANDALL, MARIE STAGE		3.2 NAME	:		
STREET ADDRESS	223 CRAWFORD ROAD		3.3 STREE	1 ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY	- \$1 - ZIP		
TITLE		L DELETE	4.1 TITLE			L Change [Addition
NAME Street address			4.2 NAM	1 ADORESS		
CITY-ST-ZIP			4.5 SIN:0			
TITLE		☐ DELETE	5.1 TOLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -	S1-7IP		Change Addition
NAME		LJ OECETE	6.1 TITLE 6.2 NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
	by certify that the information supplied	with this filing does not aux			ed in Section 119.07(3)(i). Florida Statute	e. I further corlify that the

14. I do 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 offect as if made under eath; 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.

SIGNATURE Grove Or Crandell

George O. Crandal

4/28/57

94-428-2251