FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000132 (2)

1. SOUTHERN CANDIES & CONFECTIONS, INC.

1400 SOUTH MARIETTA PARKWAY
SUITE 202
MARIETTA GA 30067
US

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SUITE 202
MARIETTA GA 30067
US

3. 11/06/1992 | 3a. 07/18/1994

2. 21 4343 Shallowford Rd | 2a. 26 366 Johnson Ferry Rd
22 Suite D5 | 27 Suite 300
23 Marietta GA | 28 Marietta GA
24 30062 | 25 USA | 29 30067 | 30 USA

4. FEI Number 58-2008311 | Applied For | Not Applicable

5. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

8. Does corporation meet criteria to be classified as a small business under Section 288.703, Florida Statutes? Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. Acknowledgment: Having been named as registered agent and to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

12. Additional Officers and Directors

PCD
MUNSON, JOHN B
1400 SOUTH MARIETTA PARKWAY, SUITE 202
MARIETTA GA

CS
MUNSON, CAROLYN
1400 SOUTH MARIETTA PARKWAY, SUITE 202
MARIETTA GA

13. ADDITIONS, CHANGES, CORRECTIONS AND DELETIONS

Name President X Add
John C Edwards
4343 Shallowford Rd Ste D-5
Marietta GA 30062

Name Secretary X Add
Archie C Goodwin
4343 Shallowford Rd Ste D-5
Marietta GA 30062

Name Add

Name Add

Name Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers or directors, where applicable.

SIGNATURE: John C Edwards 4/28/95 (404) 642 0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0398370 FP