FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002018 (0)

1. Corporation Name
SOUTHERN CANDIES & CONFECTIONS-II, INC.

Principal Place of Business
1400 SOUTH MARIETTA PARKWAY
SUITE 202
MARIETTA GA 30067
US

Mailing Address
1400 SOUTH MARIETTA PARKWAY
SUITE 202
MARIETTA GA 30067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 07/18/1994

2. Principal Place of Business
21 4343 Shallowford Rd
Suite, Apt #, etc
22 Suite D5
City & State
23 Marietta GA
Zip 24 30062
Country 25 USA

2a. Mailing Address
26 3162 Johnson Ferry Rd
Suite, Apt #, etc
27 Suite G3202
City & State
28 Marietta GA
Zip 29 30062
Country 30 USA

4. FEI Number: 58-2027338 — 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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. 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 (typed or printed name of registered agent and title of officer) — (NOTE: Registered Agent signature required after resignation) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	President ☒ Change ☐ Addition
NAME	MUNSON, JOHN B	12 NAME	John C Edwards
STREET ADDRESS	1400 SOUTH MARIETTA PARKWAY, SUITE 202	13 STREET ADDRESS	4343 Shallowford Rd D5
CITY ST ZIP	MARIETTA GA	14 CITY ST ZIP	Marietta GA 30062
TITLE	CS	21 TITLE	Sec ☒ Change ☐ Addition
NAME	MUNSON, CAROLYN	22 NAME	Archie C Goodwin
STREET ADDRESS	1400 SOUTH MARIETTA PARKWAY, SUITE 202	23 STREET ADDRESS	4343 Shallowford Rd D5
CITY ST ZIP	MARIETTA GA	24 CITY ST ZIP	Marietta GA 30062
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 I am an officer or director of the corporation or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is entered in Block 14 by an officer or director.

SIGNATURE: John C Edwards 4 28 95 (404)642-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398376 FP