

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G41484** (8)

1. Corporation Name

PENELOPE'S BREADS AND THREADS, INC.

Principal Place of Business

% MARY-BERTHA WEIGAND
520 E ATLANTIC AVE
DELRAY BEACH FL 33483

Mailing Address

% MARY-BERTHA WEIGAND
520 E ATLANTIC AVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1983

3a. Date of Last Report

04/25/1994

4. FEI Number

58-2306764

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIGAND, MARY-BERTHA
520 E ATLANTIC AVE
DELRAY BEACH FL 33483

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEIGAND, JOHN F. JR.
STREET ADDRESS	520 E ATLANTIC AVE
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	VD
NAME	MORGAN, CARL J.
STREET ADDRESS	520 E ATLANTIC AVE
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	VD
NAME	WEIGAND, JOHN KENNETH
STREET ADDRESS	520 E ATLANTIC AVE
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	SD
NAME	MORGAN, PENELOPE W.
STREET ADDRESS	520 E ATLANTIC AVE
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	TD
NAME	WEIGAND, MARY-BERTHA
STREET ADDRESS	520 E ATLANTIC AVE
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 118.07(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 the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary-Bertha Weigand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary-Bertha Weigand

Treasurer

4/13/95

1407-272-1000