PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90026 009 ***150.00

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1. Corporation Name # H14531	
PENNY'S DONUTS, INC.	

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Principal Place of Business	Mailing Address			i (BBEBE) BIRD 31011 BIEBL BIIRE LINES LINE GEBLE BIRL BIRL BIRL BIRL BIRL BIRL BIRL BIRL	ı
325 BAYSHORE BLVD. SAFETY HARBOR FL 34695 325 BAYSHORE BLVDS. SAFETY HARBOR FL 34695		DO NOT WRITE IN THIS SPACE			
US	03			3. Date Incorporated or Qualifed	7
				07/30/1984	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21	26			59-2434744 Not Applicable	Ð
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees	\neg
Zip Country	Zip	Countr	<u> </u>	8. This corporation owes the current year Intangible	\neg
24 25	29 30	ו (Personal Property Tax. ☐ Yes ☑ No	
9. Name and Address of Curre				10. Name and Address of New Registered Agent	
		81	Name	9	
Thacker, O. Stephen, ESQ. 407 S. Ewing Ave		82	Street	ot Address (P.O. Box Number is Not Acceptable)	\dashv
CLEARWATER FL 33516		83	3		\dashv
		84	City	85 Zip Code	ᅱ
		1	"	FL	
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig 	e of Florida. Such change was auth	orized by	tine como	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE					-
Signature, typed or printed name of registered ag		gistered Age	nt signature n	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
	ND DIRECTORS	1.1 TITLE		President and Director Deriange Addition	ion
P P P P P P P P P P P P P P P P P P P					
NAME PENDOLA, PATRICK		1.2 NAME	T. DODESO	7 - 7	
STREET ADDRESS 325 BAYSHORE BLVD S			TADORESS	5 318 13 au 5 voic 13 100 =	
CITY-ST-ZIP SAFETY HARBOR FL	O DELETE	1.4 CITY-	ST-ZIP	Safety Harbor FL 34695 Secretary/Trasurer + Direc Change Daddition	ion
TITLE Secretary Treasur	ve Deleie	2.1 TITLE			۱
NAME Hour Pondole		2.2 NAME		augustino, Dawn s 325 Bayshor Blud	
STREET ADDRESS 1509 Prescott 0	we		T ADDRESS	s 325 Bayshor Blud	-
CITY-ST-ZIP 33756		2. 4 CITY-	ST-ZIP	Safety Harbor FC 34685 Change Addition	ion
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NAME		3.2 NAME			}
STREET ADDRESS			T ADDRESS	S S	}
CITY-ST-ZIP	□ DELETE	3.4. CITY-	ST-ZIP	Change Additi	<u></u>
TITLE	☐ DELETE	4.1 TITLE		Cridings - Addition	۱"
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NAME		5.2 NAME			-
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NAME		6.2 NAME			ľ
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ı		C 4 CITY	OT ZID	1	- 1

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE: