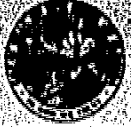


FILE NOW. FILING FEE AFTER MAY 1 IS \$20.00

|                                               |                                                                                   |                                                                                                          |
|-----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 5:13

**DOCUMENT # H28795 (3)**  
 1. Corporation Name  
**FANCY'S SWEET TREATS, INC.**

|                                                                                   |                                                                      |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>40 S MAGNOLIA AVE<br/>OCALA FL 34474<br/>US</b> | Mailing Address<br><b>40 S MAGNOLIA VE<br/>OCALA FL 34474<br/>US</b> |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                      |  |                           |  |                                                                                                                                                     |                                                        |
|--------------------------------------|--|---------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business<br>21 |  | 2a. Mailing Address<br>26 |  | 3. Date Incorporated or Qualified<br><b>11/06/1984</b>                                                                                              | 3a. Date of Last Report<br><b>04/18/1994</b>           |
| Suite, Apt. #, etc.<br>22            |  | Suite, Apt. #, etc.<br>27 |  | 4. FEI Number<br><b>59-2378586</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br>23                   |  | City & State<br>28        |  | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |                                                        |
| Zip<br>24                            |  | Country<br>25             |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |                                                        |
| Zip<br>29                            |  | Country<br>30             |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                         |  |  |  |                                                       |                       |
|-------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|-----------------------|
| 9. Name and Address of Current Registered Agent<br><br><b>RUSE, CHARLES, JR.<br/>500 NE 8TH AVE.<br/>OCALA FL 32670</b> |  |  |  | 10. Name and Address of New Registered Agent          |                       |
|                                                                                                                         |  |  |  | 81 Name                                               |                       |
|                                                                                                                         |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|                                                                                                                         |  |  |  | 83                                                    |                       |
|                                                                                                                         |  |  |  | 84 City                                               | <b>FL</b> 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's signature required when re-registering.

DATE

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD               | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DUNN, NANCY      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5615 NW 75TH CT. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | OCALA FL         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                  | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                  | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                  | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                  | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                  | 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 110.07(3)(b), 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 on an attachment with an addendum.

**SIGNATURE: NANCY DUNN** *Nancy Dunn* **3/23/95** **904-622-4222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR