Mar 23, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # H28795**

1. Corporation Name

FANCY'S SWEET TREATS, INC.

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Principal Place of Business Mailing Address										
40 S MAGNOLI	40 S MAGNOLIA VE	· VE			Į.	•				
OCALA FL 344	174		OCALA FL 34474			,				
US		US	US			DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed 11/06/1984			
2. Principal P	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For	
21		26	26			} !	59-2378586	1	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				0	\$8.75	Additional	
22	•	27	27			5.	Certifcate of Status Desired	Fee F	Required	
City & Stat	te	City & State		_		6.	Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	~		8	This corporation owes the current year Intan	nible	<del></del>	
24	25		30					] Yes	□No	
24	9. Name and Address of Cu	<del></del>	301				Name and Address of New Registered Ag			
	5. Name and Address of Ge	mont Registered Agent	8	<u>1</u>	Name	<del></del> -	Manie and Madies of New Mediatores Me			
RUS	E, CHARLES, JR.			1	, turno		_ ·			
500 NE 8TH AVE.			83	82 Street Address (P.O. Box Number is Not Acceptable)						
OCALA FL 32670			-							
00/	LA 1 L 02010		83	3			•			
			84	4	City			85 Zir	Code	
	•		-	1	one of the state		FL			
11. Pursuant	to the provisions of Sections 607	.0502 and 607:1508, Florida Statute	s the above	ve-i	named corpor	ation	submits this statement for the purpose of of	enging i	ls-registered	
office or r	registered agent, or both, in the S um familiar with, and accent the o	tate of Florida. Such change was au bligations of, Section 607.0505, Flor	uthorized by	y th	ne corporation	i's boa	ard of directors. I hereby accept the appointr	nent as i	egistered	
•	an lamilal vial, and accopt and o	brigations of, Couldn't cor .cooo, Flor	ion ciaroiô	٥.						
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE:	Registered Age	ent s	signature required v	when rei	instating) DATE			
12.	<del></del>	S AND DIRECTORS	13.				DDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	_				Change	Addition	
NAME	DUNN, NANCY		1.2 NAME		İ				_	
	1621 NE 2 ST, 604				DODECO .		4 *4 ***			
STREET ADDRESS	OCALA FL			.3 STREET ADDRESS						
CITY-ST-ZIP	<del></del>		1.4 C/TY-ST-ZIP		ZIP			Change	☐ Addition	
TITLE		☐ DELETE	2.1 TITLE		1		į	_/ Change		
NAME			2.2 NAME	:	i					
STREET ADDRESS			2.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP			2.4 CITY-	·ST-	-ZIP					
tinue		DELETE	3.1 TITLE		ì		C	] Change	☐ Addition	
NAME			3.2 NAME	:						
STREET ADDRESS			3.3 STREE	ET A	ODRESS					
CITY-ST-ZIP	}		3.4. CITY-							
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	
NAME	}	- -	4. 2 NAME		1			-		
STREET ADDRESS			4.3 STREE		, DODECC					
CITY-ST-ZIP				4 CITY-ST-ZIP				Change	☐ Addition	
TITLE				5.1 TITLE			Ţ	") Anguile		
NAME			5.2 NAME		<del>[</del>					
STREET ADDRESS			5.3 STREE		J					
CITY-ST-ZIP			5.4 CITY-S	ST-Z	ZIP			·		
TITLE		☐ DELETE	6.1 TITLE				[	] Change	☐ Addition	
NAME			6.2 NAME		}		•			
STREET ADDRESS.			6.3 STREE	ET AI	DDRESS					

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 on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

MAN PULL NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 352-622-4222 Date Daytime Phone #

CR2E034 (11/98)