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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # H61305 (9)

1. Corporation Name
ESTHER PRICE CANDIES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1709 WAYNE AVENUE DAYTON OH 45410	1709 WAYNE AVENUE DAYTON OH 45410-1711

3. Date Incorporated or Qualified: 06/05/1985
3a. Date of Last Report: 1-30-98
4. FEI Number: 59-2539289 (Applied / Not Appli)
5. Certificate of Status Desired ☐ $5.75 Additio Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May E Added to Fee
8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes ☐ Yes ☒ No

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
TORRENCE, ALFRED W. JR.
6645 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis 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 regist 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE SCHMIDT, RALPH F. 1656 Fox Trail Drive Bellbrook, Ohio 45305	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP ☐ DELETE DAY, JAMES N. 1415 NATURE CT. CENTERVILLE OH	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐

14. I do 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; 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.

SIGNATURE: James N Day Officer