FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J16379 (6)

1. Corporation Name

TASTE BUD DELIGHT, INC.

Principal Place of Business	Mailing Address
% ROBERT PINDELL 2795 WRIGHT AVENUE MELBOURNE FL 32935	% ROBERT PINDELL 2795 WRIGHT AVENUE MELBOURNE FL 32935

3. Date Incorporated or Qualified	3a. Date of Last Report
05/28/1986	08/03/1995

	2. Principal Place of Business		2a. Mailing Address
21	2795 WRIGHT AVE.	26	2795 WRIGHT AVE.
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	# 11	27	#11
	City & State		City & State
23	MELBOURNE, FL	28	MELBOURNE, FL.
	Zip	Country	Zip	Country
24	32935	25 BREVARD	29 32935	30 BREVARD

4. FEI Number — 59-2685692 — 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

9. Name and Address of Current Registered Agent

PINDELL, ROBERT
2795 WRIGHT AVENUE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81	Name	DORIS E. PINDELL
82	Street Address (P.O. Box Number is Not Acceptable)	
83		2795 WRIGHT AVENUE
84	City	MELBOURNE FL	85 Zip Code 32935

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 *Doris E. Pindell*
Signature, typed or printed name of registered agent and title if applicable.
DORIS E. PINDELL, PRESIDENT 3/22/96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (12/95)

TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PINDELL, ROBERT		1.2 NAME	DECEASED 3/5/96	
STREET ADDRESS	2795 WRIGHT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	D/P/S/T	☐ Change ☐ Addition
NAME	PINDELL, DORIS E.		2.2 NAME	PINDELL, DORIS E.	
STREET ADDRESS	2795 WRIGHT AVE		2.3 STREET ADDRESS	2795 WRIGHT AVE.	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris E. Pindell* DORIS E. PINDELL, PRESIDENT 3/22/96 407-724-6425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #