

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *LN*

APPROVED AND FILED

95 APR 26 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **J23702 (0)**
1. Corporation Name
SOUTHWEST FLORIDA YOGURT ENTERPRISES, INC.

Principal Place of Business
**500
1500 COLONIAL BLVD.
SUITE 103
FT MYERS FL 33907
US**

Mailing Address
**1500 COLONIAL BLVD
SUITE 103
FORT MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **1500 Colonial Blvd.**
Suite, Apt. #, etc.
22 **#103**
City & State
23 **Fort Myers, FL**
Zip Country
24 **33907** 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified **07/11/1986** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-2741247** 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
**MILLIGAN, CHARLES F JOHN P.
1500 COLONIAL BLVD
SUITE 103
FT MYER FL 33907**

10. Name and Address of New Registered Agent
01 Name **John P. Milligan, Jr.**
02 Street Address (P.O. Box Number is Not Acceptable) **1500 Colonial Blvd.**
03 **Suite 103**
04 City **Fort Myers** FL 05 Zip Code **33907**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE **John P. Milligan, Jr.** DATE **4/18/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	ZANONE, CHARLES F. 2808 GABRIEL COURT KENNESAW GA	1.1 TITLE ZANONE, CHARLES F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition APPROVED
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS 1925 GREENHURST PARK DR.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP KENNESAW, GA 30144	
TITLE S	DORAN, JIM F. 2506 OVERLOOK DR GERMANTOWN TN	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 T	SLEDD, KENNETH D. 9403 OLD PLANTATION CV GERMANTOWN TN	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)(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 as an attachment with an address.

SIGNATURE: *Jim F. Doran* **Jim F. Doran** DATE **3/20/95** DAYTON (Fees 4) **901-254-8082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR