

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS**FILED****DOCUMENT # J38814****(6)**

1. Corporation Name

EATS AND TREATS OF ORLANDO INC.**96 NOV -4 PM 1:27****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3728 E. CURRY FORD RD.
ORLANDO FL 32806****3728 E. CURRY FORD RD.
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1986

3a. Date of Last Report

08/09/1994

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29**

Zip

Country

4. FEI Number

59-2751284

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**7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGUS, BRENDA
3728 CURRY FORD ROAD
ORLANDO FL 32806**

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

66 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

Brenda Langus

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 12

TITLE
NAME
ST. ST. ADDRESS
CITY-ST-ZIP**P
LANGUS, BRENDA
4516 SUMMERGROVE AVE.
ORLANDO FL 32812**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**6021 VILLAGE CIR NO
ORLANDO FL 32806**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**000001999590-1
-11/07/96-01101-016
\$\$\$200.00 \$\$\$200.00**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**REINSTATEMENT**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**000001999590-1
-11/07/96-01101-017
\$\$\$383.75 \$\$\$383.75**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, 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 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:

Brenda Langus

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

**11/9/96 407 360-9120
407 596-7161**