## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

ANNUAL REPORT 1998

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** J45615

J & R DONUTS, INC.

Principal Place of Business

(8)

Mailing Address

## **FILED** Jan 21 1998 8:00am Secretary of State



% JOAO C. RODRIGUES 907 WEST VINE STREET KISSIMMEE FL 34741-4162				% JOAO C. RODRIGUES 807 WEST VINE STREET KISSIMMEE FL 34741-4162				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/02/1986		
2. 21				2a. Mailing Address 26				4. FEI Number 59-2899987	Applied For Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional Fee Required	
23				City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip Coun		untry		8. This corporation owes or has paid the current Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
807 WEST VINE STREET KISSIMMEE FL					81	Name				
					82					
					83					
						84	City	FL	5 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										

DATE Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change RODRIGUES, JOAO C. 1.2 NAME 807 WEST VINE STREET STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition: TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

SIGNATURE:

407-9332545

CR2E034