

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J94032 (6)
1. Corporation Name
BETCHA BUNS, INCORPORATED



Principal Place of Business % JOHN A. HOWARD 20505 US HWY 19 NORTH SUITE 114 CLEARWATER FL 34624	Mailing Address % JOHN A. HOWARD 20505 US HWY 19 NORTH SUITE 114 CLEARWATER FL 34624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Mom's Cinnamon Rolls Suite, Apt. #, etc. 22 20505 US Hwy 19 No Suite 114 City & State 23 Clearwater, FL Zip 24 33764	2a. Mailing Address 26 John A. Howard Suite, Apt. #, etc. 27 20505 Hwy 19 No Suite 114 City & State 28 Clearwater, FL Zip 29 33764	3. Date Incorporated or Qualified 09/21/1987 4. FEI Number 59-2854909 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HOWARD, JOHN A.
20505 S US HWY 19 STE 114
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name Howard John A	82 Street Address (P.O. Box Number Is Not Acceptable) 20505 Hwy 19 No Suite 114	83
84 City Clearwater	85 Zip Code FL 33764	

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

Signature type in printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HOWARD, JOHN A. 1455 RIDGELANE CIR S CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD HOWARD, SANDRA T. 1455 RIDGELANE CIR S CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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; 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:

John A. Howard

4/17/98 813-741-3267

CR2E034 (10/97)