

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K10578** (8)

1. Corporation Name

DALE'S DOUGHNUT CORP.



Principal Place of Business

% STEVEN DALE SMITH
1444 W. TENNESSEE ST.
TALLAHASSEE FL 32304

Mailing Address

% STEVEN DALE SMITH
1444 W. TENNESSEE ST.
TALLAHASSEE FL 32304

2. Principal Place of Business

2a. Mailing Address

21

26

Sub: Apt. #, etc.

Sub: Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

SMITH, STEVEN DALE
1444 W. TENNESSEE ST.
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

01/05/1988

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2862622

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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, Sections 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. NAME
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99. STREET ADDRESS
100. CITY-STATE-ZIP

D
SMITH, STEVEN DALE
1444 W. TENNESSEE ST.
TALLAHASSEE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. NAME
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
5. 5. NAME
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7. 7. STREET ADDRESS
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97. 97. NAME
98. 98. NAME
99. 99. STREET ADDRESS
100. 100. CITY-STATE-ZIP

☐ Change ☐ Addition

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14. I 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)(g), 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 change) or on an attachment with an address.

SIGNATURE: *Steven D. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN D. SMITH

2-15-96 904-224-3332
DATE OF FILING

CR2E034 (12/95)