

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L37481

(3)

1. Corporation Name

O' YES SNACKS, INC.

Principal Place of Business

C/O GEORGE R. BRABNER
17355 PERDIDO KEY DRIVE
PENSACOLA FL 32507-9352

Mailing Address

C/O GEORGE R. BRABNER
17355 PERDIDO KEY DRIVE
PENSACOLA FL 32507-9352

APPROVED
AND
FILED

95 APR 20 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/15/1989

3a. Date of Last Report
04/29/1994

4. FEI Number
59-2980912

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

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

2. Principal Place of Business

21 O' YES SNACKS
22 Suite, Apt. #, etc. 17355 Perdido Key Dr.
23 City & State PENSACOLA FL

2a. Mailing Address

26 O' YES SNACKS
27 Suite, Apt. #, etc. 17355 Perdido Key Dr.
28 City & State PENSACOLA FL

24 Zip 32507
25 Country USA

29 Zip 32507
30 Country USA

9. Name and Address of Current Registered Agent

BRABNER, GEORGE R.
17355 PERDIDO KEY DRIVE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Steve Brabner
Signature, typed or printed name of registered agent and the if applicable

STEVE BRABNER V.P.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/13/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRABNER, GEORGE R.
STREET ADDRESS	17355 PERDIDO KEY BLVD
CITY - ST - ZIP	PENSACOLA FL 32507
TITLE	ST
NAME	BRABNER HELEN L
STREET ADDRESS	17355 PERDIDO KEY DRIVE
CITY - ST - ZIP	PENSACOLA FL 32507
TITLE	VP
NAME	BRABNER, STEPHEN
STREET ADDRESS	17355 PERDIDO KEY
CITY - ST - ZIP	PENSACOLA FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 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 on an attachment with an address.

SIGNATURE:

Steve Brabner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/95 904-442-2514