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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L37481



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90035 045 ***150.00

| O' YES | SNACKS, INC. | | | | | | | | |
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| Principal Place | | Mailing Address | | - [| | | | i | |
| O'YES SNACKS 17355 PERCIDO KEY DR. | | O YES SNACKS 17355 PERDIDO KEY DR. | | | | | | • | |
| PENSACOLA FL 32507 | | PENSACOLA FL 32507 | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | | | 3. Date incorporated or Qualifed | | | | |
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| 2. Principal P | Place of Business | 2a. Mailing Address | 101 | , 4 | FEI Number | | | .,_ A | oplied For |
| 21 | | 26 230 Gener | na/ LANDU | LOOD_ | 59-29809 | 12 | | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | \Box | . Certifcate of | Status Desire | d 🗆 | | Additional |
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| City & Stat | le | City & State | 1- 1- | / 6 | Election Can | npaign Financ | ng □ | | May Be |
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| Zip | Country | Zip arry | Country | · / 8 | This corpora | | current year l | | |
| 24 | 25 | 29 36527 3 | o BAIAW | IN I | Personal Pro | | 5 | Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | 81 Name | 10 |). Name and / | audress of No | w Kegistere | u Agent | |
| RRAI | BNER, STEPHEN | | Ivaile | | | | | | \ |
| 17355 PERDIDO KEY DRIVE | | | 82 Street | Address (| P.O. Box Num | ber is Not Acc | eptable) | | |
| PENSACOLA FL 32507 | | | 83 | | | | | _ | |
| , _,, | 01.00D11.2 02007 | | 63 | | | | | | |
| | | | 84 City | _ | | | F | 85 Zip | Code |
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| SIGNATURE | THURDY | 2 and 607.1508, Florida Statutes, of Florida. Such change was authions of, Section 607.0505, Florid | BNER_ egistered Agent signature | | reinstating) | <u> </u> | //30 DATE | 199 | |
| | Signature when or printed name of registered agent | t and title if applicable. (NOTE: Ri | GNER egistered Agent signature 13. | required when | n reinstating) ADDITIONS/C | CHANGES TO | OFFICERS | AND DIRECTO | DRS IN 12 |
| SIGNATURE | Signature (Julia or pended name of registered agent OFFICERS ANI | Steve BRAI t and title if applicable. (NOTE: Re | BNER_ egistered Agent signature | required when | ADDITIONS/O | CHANGES TO | OFFICERS | 199 | |
| SIGNATURE | Signature Land or printed marks of registered agent OFFICERS ANI P BRABNER, STEPHEN | t and title if applicable. (NOTE: Ri | GNER egistered Agent signature 13. | Sec MA | ADDITIONS/O | CHANGES TO 1770A BRABA | OFFICERS A SUPER | AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE | Signature Land or printed name of registered agent OFFICERS ANI P BRABNER, STEPHEN 17355 PERDIDO KEY DR | t and title if applicable. (NOTE: Ri | egistered Agent signature 13. 1.1 TITLE | Sec MA 23 | ADDITIONS/ORE TAY RY W. O GENE | CHANGES TO 1/77EA BRABA (A/CAA | OFFICERS A SUPER JER JOY LO | AND DIRECTO | DRS IN 12 |
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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 ecciver or trustee employered 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 appetition with an address, with all other like empowered.

SIGNATURE: