FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:53
TALLAHASSEE, FLORIDA

DOCUMENT # L57681

1. Corporation Name: DOUBLE J. FOODS INC.
C/O W. JIM KERSTNER
471 S.E. CALMOSO DRIVE
PORT ST LUCIE FL, 34983

Principal Place of Business / Mailing Address: DBA DUNKIN DONUTS
4 STORES
4820 So U.S 1 FT PIERCE
354 S.W. PSL BLVD PORT ST LUCIE
840 S U.S 1 STUART
2315 OKEECHOBEE RD. FT. PIERCE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:
3a. Date of Last Report: 1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 County 25

2a. Mailing Address
26 471 S.E. CALMOSO DRIVE
Suite, Apt. #, etc. 27
City & State 28 PORT ST. LUCIE FL.
Zip 29 34983 County 30 ST LUCIE

4. FEI Number: 65-0190956 ☐ 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

9. Name and Address of Current Registered Agent

W. JIM KERSTNER
471 S.E. CALMOSO DRIVE
PORT ST. LUCIE FL 34983
407-871-0753

10. Name and Address of New Registered Agent

81 Name: W. JIM KERSTNER
82 Street Address (P.O. Box Number is Not Acceptable): 471 S.E. CALMOSO DRIVE
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34983

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: W. Jim Kerstner   DATE: 4-28-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 TITLE: P-T-D ☒ Change ☐ Addition 1 NAME: W JIM KERSTNER 1 STREET ADDRESS: 471 S.E CALMOSO DRIVE 1 CITY-ST-ZIP: PORT ST. LUCIE FL 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 TITLE: V-S-D ☒ Change ☐ Addition 2 NAME: CLAREN E. KERSTNER 2 STREET ADDRESS: 471 S.E. CALMOSO DRIVE 2 CITY-ST-ZIP: PORT ST. LUCIE FL 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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5-1-95 [illegible]

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 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: W. Jim Kerstner   4-28-95   407-871-0753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

W JIM KERSTNER