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 MAR 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84958 (2)

1. Corporation Name
BEACH BAKERS, INC.

Principal Place of Business	Mailing Address
7829 S. HOLIDAY DR. SARASOTA FL 34231 US	P. O. BOX 17902 SARASOTA FL 34276 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1990
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21: 7820 ARLINGTON EXPRESSWAY
22 Suite, Apt. #, etc.: 510
23 City & State: JACKSONVILLE FL.
24 Zip: 32211
25 Country: US

2a. Mailing Address
27 Suite, Apt. #, etc.:
28 City & State: OK
29 Zip:
30 Country:

4. FEI Number: 65-0077789 ☐ 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

SALVER, PAUL
5881 NW 151ST ST
SUITE 101
MIAMI LAKES FL 33014

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLISON, JAMES	1.2 NAME	
STREET ADDRESS	4477 WHITE CEDAR TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLISON, ALLEN	2.2 NAME	
STREET ADDRESS	4477 WHITE CEDAR TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ELLISON, ISABEL	3.2 NAME	
STREET ADDRESS	4477 WHITE CEDAR TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	ELLISON, DONALD	4.2 NAME	REMOVE FROM
STREET ADDRESS	15974 S.W. 2EST MINSTER DR.	4.3 STREET ADDRESS	LIST OF DIRECTORS
CITY-ST-ZIP	TIGER OR	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	MANAGING DIRECTOR ☐ Change ☒ Addition
NAME		5.2 NAME	DAVID MERRILL
STREET ADDRESS		5.3 STREET ADDRESS	7820 ARLINGTON EXPRESSWAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32211
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: James Ellison JAMES ELLISON 3-8-95 813 925 1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04488832 FR