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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M74156 (4)

1. Corporation Name
M & D SCRATCH N DENT FOOD SHOP, INC.

Principal Place of Business	Mailing Address
% MARK STEVEN SCHEIBNER 3001 W. REYNOLDS PLANT CITY FL 33567	% MARK STEVEN SCHEIBNER 3001 W. REYNOLDS PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1988

2. Principal Place of Business
21: Bus Sold 11-3-97

Suite, Apt. #, etc. 22:

City & State 23:

Zip 24: Country 25:

2a. Mailing Address
26: 1309 Anglers Ln

Suite, Apt. #, etc. 27:

City & State 28: LUTZ Fl

Zip 29: 33549 Country 30: Hills.

4. FEI Number: 59-2888869 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHEIBNER, MARK STEVEN
1309 ANGLERS LANE
LUTZ FL 33549

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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHEIBNER, MARK STEVEN		1.2 NAME	
STREET ADDRESS	1309 ANGLERS LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHEIBNER, DONNA MARIA		2.2 NAME	
STREET ADDRESS	1309 ANGLERS LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 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: Donna Scheibner January 13 '98