FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M94542 (1)CONFECTIONERIES INCORPORATED Principal Place of Business Mailing Address 501 NO. BENEVA RD. 501 NO. BENEVA RD. SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 65-0069482 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. □ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, DAVID P ESQ. 2201 RINGLING BLVD 82 Street Address (P.O. Box Number is Not Acceptable) STE 104 SARASOTA FL 34237 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TIDE 1.1 TITLE CHEN, MELVIN C 12 NAME NAME 3746 PRAIRIE DUNES DR 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE 2.1 TITLE Channe DARBY, NANCY 2.2 NAME NAME 6210 Medici Ci 5449 CHANTECLAIRE STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition 3.1 TITLE TITLE NAME MCLAUGHLIN, GERARD 3.2 NAME 5448 CHANTEGEAIRE BHYT-IH GAVAEUSCO. STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE \_\_\_ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-ST-ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST~ZIP CITY-ST-ZIP

CR2E034

Addition

☐ Change

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: Nacybarbar Statutes and that my name appears in the corporation of 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.

(941) 956-3070

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE NAME

STREET ADDRESS CITY-ST-ZIP