SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13425** **(4)**

1. Corporation Name
MRS. ALISON'S COOKIE COMPANY, INC.

Principal Place of Business	Mailing Address
1780 BURNS AVENUE ST. LOUIS MO 63132	1780 BURNS AVENUE ST. LOUIS MO 63132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/02/1987**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business
21 2104 Juniper Drive
Suite, Apt. #, etc. 22
City & State 23: Plant City, Florida
Zip 24: 33566 Country 25

2a. Mailing Address
26 2104 Juniper Drive
Suite, Apt. #, etc. 27
City & State 28: Plant City, Florida
Zip 29: 33566 Country 30

4. FEI Number: **43-0622513** ☐ 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

ELLIOTT, J.C.
2615 HIGHWAY 92 EAST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: Elliott, J.C.
82 Street Address (P.O. Box Number is Not Acceptable): 2104 Juniper Drive
83
84 City: Plant City, **FL** 85 Zip Code: 33566

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	PVD	1.1 TITLE	P/U/D ☒ Change ☐ Addition
NAME	ELLIOTT, J C	1.2 NAME	Elliot, J.C.
STREET ADDRESS	2615 HWY 92 E	1.3 STREET ADDRESS	2104 Juniper Drive
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, Florida 33566
TITLE	SD	2.1 TITLE	S/T/D ☒ Change ☐ Addition
NAME	MORGIS, LINDA E.	2.2 NAME	Morgis, Linda E.
STREET ADDRESS	2615 HIGHWAY 92 EAST	2.3 STREET ADDRESS	2104 Juniper Drive
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, Florida 33566
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	PALUCH, BRIAN M	3.2 NAME	
STREET ADDRESS	1780 BURNS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Linda E. Morgis July 4, 1995 813-754-5291
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0177427 FP