**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)DAWSON'S YOGURT OF SEASIDE, INC. Principal Place of Business Mailing Address 12 PIEDMONT CENTER HOLL BLDG., HWY, 30-A SEASIDE FL 32459 STE 400 DO NOT WRITE IN THIS SPACE ATLANTA GA 30305 3. Date Incorporated or Qualified 07/18/1988 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 58-1795447 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Rí Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and tric if applicable (NOTE Registered Agent signature required when reinstating) DATE (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Heavenly Y. Dawson 12 Piedmont Center, suite 400 TITLE 1.1 11116 ☐ Change ROCKWELL, RAMON R. NAME 1.2 NAME CR2E034 **4634 CEDAR PARK DRIVE** 1.3 STREET ADDRESS STREET ADDRESS Utlanta, GA STONE MOUNTAIN GA 1.4 CITY - ST - 7IP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE William R. Dawson, 111 NAME DAWSON, WILLIAM R. I 2.2 NAME 12 Piedmont Center, Suite 400 DAWSON WILLIAN R. III 2.3 STREET ADDRESS STREET ADDRESS AHlanta, BA 30305 **DESTIN FL** 2.4 CITY - ST - ZIP CITY-ST-ZIP Secretary, Lyndon Dawson DI LETE Change Addition TITLE 3.1 DILE 3.2 NAME NAME 2308 Radbury Lane STREET ADDRESS 3.3 STREET ADDRESS 30278 Sneilville 64 CITY-ST-ZIP 34. C(TY-\$1-Z)P DELETE Change Addition 4.1 NILE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 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 CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 61 TILLE

> 6.2 NAME 6.3 STREET ADDRESS

14. Thereby 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 Indeeby certify that the information supplied with this timing does not quality for the exemption stated in Section 1.19.07(3)(i). Horida statutes, nutrition continual report is frue 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.

6.4 CITY- ST- ZIP

2/5/00

NAME

STREET ADDRESS

CITY-ST-ZIP