

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P20075**

1. Corporation Name

~~DAWSON'S YOGURT OF SEASIDE, INC.~~ *Final Return*

Principal Place of Business

HOLL BLDG., HWY. 30-A  
SEASIDE FL 32459  
US

Mailing Address

12 PIEDMONT CENTER  
STE 400  
ATLANTA GA 30305  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1988

4. FEI Number

58-1795447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

23

Zip

Country

25

City & State

27

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEO

☐ DELETE

NAME

DAWSON, HEAVENLY Y

STREET ADDRESS

12 PIEDMONT CENTER SUITE 400

CITY-ST-ZIP

ATLANTA GA 30305

TITLE

CFO

☐ DELETE

NAME

DAWSON, WILLIAM R

STREET ADDRESS

12 PIEDMONT CENTER SUITE 400

CITY-ST-ZIP

ATLANTA GA 30305

TITLE

S

☐ DELETE

NAME

DAWSON, LYNDON

STREET ADDRESS

2308 RADBURY LANE

CITY-ST-ZIP

SNEILVILLE GA 30278

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 404231-4404  
Date Daytime Phone #

CR2E034 (11/98)

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90076 044 \*\*\*150.00

