FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P23505 (1)

1. Corporation Name
OTIS SPUNKMEYER, INC.

FILED
95 FEB -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
14390 CATALINA STREET SAN LEANDRO CA 94577	14390 CATALINA STREET SAN LEANDRO CA 94577

3. Date Incorporated or Qualified: 03/21/1989
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 94-2536513 ☐ 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

CASTINE, BARBARA
7548 CURRENCY DRIVE
ORLANDO FL 32809

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 _____ (NOTE: Registered Agent's signature required when name(s) is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RAWLINGS, LINDA	12 NAME	
STREET ADDRESS	412 SCENIC AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PIEDMONT CA	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	RAWLINGS, KENNETH	22 NAME	
STREET ADDRESS	412 SCENIC AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PIEDMONT CA	24 CITY-ST-ZIP	
TITLE	~~VPD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~WITT, TERRY~~	32 NAME	
STREET ADDRESS	~~14390 CATALINA ST.~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~SAN LEANDRO CA~~ Delete	34 CITY-ST-ZIP	
TITLE	Secty	41 TITLE	☐ Change ☐ Addition
NAME	Steve Ricks	42 NAME	
STREET ADDRESS	14490 Catalina Street	43 STREET ADDRESS	
CITY-ST-ZIP	San Leandro, Ca. 94577	44 CITY-ST-ZIP	
TITLE	CFO	51 TITLE	☐ Change ☐ Addition
NAME	Steve Murdock	52 NAME	
STREET ADDRESS	14490 Catalina Street	53 STREET ADDRESS	
CITY-ST-ZIP	San Leandro, Ca. 94577	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Steve Ricks Secty 1/12/95 (510)357-9836
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0401000 FP