FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P93000004649 (8) **DOCUMENT #** 1. Corporation Name

DOUGH-YOU-KNOW, INC.

Principal Place of Business Mailing Address 2850 STARLIGHT DR. 4950 S. WASHINGTON AVE. TITUSVILLE FL 32780 TITUSVILLE FL 32796 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 9-3203490 59-3452606 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Žiρ Country 8. This corporation owes or has paid the current year Intangible Y Yes 24 25 29 30 Personal Property Tax due June 30 ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIBSON. MARK K 2850 STARLIGHT DR. 62 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32796 83 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of regelered agent and their applicable (NOTE: Registored Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. SPVD DELETE ☐ Addition TITLE 11 100 Change GIBSON, MARK K NAME 12 NAME 2850 STARLIGHT DR. STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 32796 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE ___ Change Addition NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Channe Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TIFLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change 6 I TITLE ☐ Addition TITLE NAME 6.2 NAME

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 suppliemental annual report is flue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directer of the troporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP