

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000004649

1. Corporation Name

DOUGH-YOU-KNOW, INC.

Principal Place of Business

4950 S. WASHINGTON AVE.  
TITUSVILLE FL 32780  
US

Mailing Address

2850 STARLIGHT DR.  
TITUSVILLE FL 32796  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

GIBSON, MARK K  
2850 STARLIGHT DR.  
TITUSVILLE FL 32796

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 607.0501 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

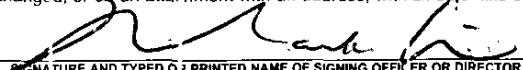
(NO) E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPVD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, MARK K	12 NAME	
STREET ADDRESS	2850 STARLIGHT DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	14 CITY-ST-ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 empowerments.

SIGNATURE:

 Signature and Typed or Printed Name of Signing Officer or Director

407-  
Mark Gibson 4-22-99 268-8680  
Daytime Phone #

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90090 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date It incorporated or Qualified

01/21/1993

4. FEI Number  Applied For  
59-3203490  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution

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

10. Name and Address of New Registered Agent

CR2E034 (11/98)