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

APPROVED AND FILED

95 MAY -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006405 (3)

1. Corporation Name
ORLANDO CANDY COMPANY

Principal Place of Business
451 E ALTAMONTE AVE
STE 437
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
604 COURTLAND ST
STE 330
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Office Address
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: 59-3162701 — 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. Does corporation qualify for exemption under S. 199.183 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
POWERS, THOMAS J
7713 HIDDEN IVEY COURT
ORLANDO FL 32819

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 Section 607.0505 and 607.0508 Florida Statutes, the above named corporation submits the 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
Registered Agent or Officer/Director of the Corporation — Date

12. OFFICERS AND DIRECTORS

Title	Name / Street Address / City, St, Zip
D	POWERS, THOMAS J 7713 HIDDEN IVEY CT. ORLANDO FL 32819
D	POWERS, MAUREEN 7713 HIDDEN IVEY CT. ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name / Street Address / City, St, Zip	Change / Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on attached amendments, if any, as a director or officer.

SIGNATURE: x Thomas J Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 — Date

407 x 363-6708 — Telephone Number

0065707 CP