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

FILED
95 MAY -1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021393 (2)**

1. Corporate Name
MUNCHABLE LUNCHABLES, INC.

Principal Place of Business
3625 SE 2ND STREET
BOYNTON BEACH FL 33435

Mailing Address
3625 SE 2ND STREET
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 05/10/1994

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) County (25) Zip (29) County (30)

4. FEI Number: 65-0401809 — 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 has liability for interest by under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HALLAGAN, DONALD J
3625 SE 2ND STREET
BOYNTON BEACH FL 33435

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 [illegible] 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. The changes are 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALLAGAN, DONALD J
STREET ADDRESS	3625 SE 2ND STREET
CITY ST ZIP	BOYNTON BEACH FL 33435
TITLE	STD
NAME	HALLAGAN, ROSEMARIE J
STREET ADDRESS	3625 SE 2ND STREET
CITY ST ZIP	BOYNTON BEACH FL 33435

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition)

14. I hereby certify that the information stated with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. Further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this document with an address.

SIGNATURE: Donald Hallagan — DONALD J. HALLAGAN — 4-26-95 — (407) 736-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283410 CP