FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027992 (5)

THE DANDEE DONUT FACTORY INC.

3688 N.W. 83RD LANE
SUNRISE FL 33351

3688 N.W. 83RD LANE
SUNRISE FL 33351

3. 04/12/1993 3a. Date of Last Report 06/06/1994

4. FEI Number 65-0407224 — 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

7. Florida Statutes — Yes X / No

21 1900 EAST ATLANTIC BLVD — 2a. 1900 E ATLANTIC BLVD

22 — 27

23 POMPANO BEACH — 28 POMPANO BEACH

24 FLORIDA 25 USA — 29 FLORIDA 30 USA

9. Name and Address of Current Registered Agent

CRAMMER, EDWIN L
3801 NORTH UNIVERSITY DRIVE
SUITE 317-A
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name PUCINE FRANK

82 Street Address (P.O. Box Number is Not Acceptable) 613 EAST RIVER DRIVE

83

84 City MARGATE FL 85 Zip Code 33063

11. X Frank Pucine 5/3/95

12. OFFICERS AND DIRECTORS

D
PUCINE, ANGELO J
609 MAPLEDALE AVENUE
UTICA NY 13502

D
PUCINE, FRANK
3688 N.W. 83RD LANE
SUNRISE FL 33351

SPYRIDES PETER A
3331 NE. 14TH TERRACE
POMPANO BEACH, 33064

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Row 1: X Change ☐ Addition
Row 2: ☐ Change ☐ Addition
Row 3: ☐ Change X Addition
Rows 4–7: ☐ Change ☐ Addition

14.

SIGNATURE: X Frank Pucine 5/3/95 305-429-0829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0239589 CP

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

8: 15

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028146 (7)**

1. Corporate Name

BEACON PUBLISHING, INC.

Principal Mailing Address

119 BULLARD PKWY
TEMPLE TERRACE FL 33617

Mailing Address

119 BULLARD PKWY
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/15/1993	**09/09/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

(24) (25) (29) (30)

4. FEI Number: **59-3180411** — 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

7. This corporation was originally organized or incorporated in Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKENNA, ANNE **119 BULLARD PKWY** **TEMPLE TERRACE FL 33617**	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 607.0501 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

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
TITLE	P	☐ Change ☐ Addition
NAME	MCKENNA, ANNE	
STREET ADDRESS	1920 CURRY ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	☐ Change ☐ Addition
NAME	THOMAS, ARNOLD	
STREET ADDRESS	1920 CURRY ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 above, or on an attachment with an addition.

SIGNATURE: Anne McKenna Anne McKenna 5/11/95 (813)988-9175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone

0296062 CP