

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -1 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057468 (9)**

1. Corporation Name

DUNKIN'S DIAMONDS & GOLD OF FORT MYERS, INC.

Principal Place of Business

~~042 SOUTH 30TH ST.~~
~~HEATH OH 43056~~

Mailing Address

042 SOUTH 30TH ST.
HEATH OH 43056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

06/01/1994

4. FEI Number

65-0433056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 11601 S. Cleveland Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Myers, FL

28

Zip

Country

Zip

Country

24 33907

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0502 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. 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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BIGHAM, KATHY**
STREET ADDRESS **4493 COLLEEN ST**
CITY, ST., ZIP **PORT CHARLOTTE FL**

TITLE **VP**
NAME **DINKIN, STUART**
STREET ADDRESS **35 A S. WESTMOOR AVE**
CITY, ST., ZIP **NEWARK OH**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST., ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is a supplement to 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 this corporation, or the person or persons 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 the block with my initials.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY BIGHAM

9/25/93 (913) 277-1011

(Title)

(Signature) (Name)