

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000059585 (8)

1. Corporation Name

SUNSHINE PRETZEL TIME, INC.



Principal Place of Business

Mailing Address

63 BRANDON TOWN CENTER MALL  
BRANDON FL 33511  
US

GOVERNOR PLAZA SOUTH. BLDG. 2  
2001 N. FRONT ST., #226  
HARRISBURG PA 17102  
US

3. Date Incorporated or Qualified  
08/25/1993

3a. Date of Last Report  
04/26/1995

4. FEI Number

25-1717359

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

William H. PARHAM

82 Street Address (P.O. Box Number is Not Acceptable)

414 EAGLE RIDGE DRIVE # 528

83

84 City

Lake Wales

FL

85 Zip Code

33853

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

William H. Parham - Regional Director

4-24-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | DS                     | <input type="checkbox"/> DELETE |
| NAME           | HARRIS, JULIE          |                                 |
| STREET ADDRESS | 7146 UNION DEPOSIT RD. |                                 |
| CITY-ST-ZIP    | HUMMELSTOWN PA         |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | HECKENLUBER, STEVEN    |                                 |
| STREET ADDRESS | 3940 LOCUST LANE       |                                 |
| CITY-ST-ZIP    | HARRISBURG PA          |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | GREEN, ROBERT          |                                 |
| STREET ADDRESS | 332 REGENT RD.         |                                 |
| CITY-ST-ZIP    | HARRISBURG PA 17112    |                                 |
| TITLE          | DP                     | <input type="checkbox"/> DELETE |
| NAME           | PURCELL, FRANCIS X     |                                 |
| STREET ADDRESS | 4998 BEVERLY DR.       |                                 |
| CITY-ST-ZIP    | HARRISBURG PA          |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | MATTHEW, GEORGE        |                                 |
| STREET ADDRESS | 1707 GLENBROOK AVE.    |                                 |
| CITY-ST-ZIP    | LANCASTER PA           |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | 6510 LEO DRIVE   |
| 4.4 CITY-ST-ZIP    | HARRISBURG, PA. 17111  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

200001834762

05/22/96-01055-045

\*\*\*200.00

5-1-96 OR

SIGNATURE: Francis Purcell - D.P.

4/28/96

717-232-6560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)