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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000063709 (8)

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DONUTS ETC., INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5804 N MAIN ST. 5804 N MAIN ST. JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3199327 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WINDHAM, CHARLES O 6189 GRAYLING DR. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 84 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition Change 11 TITLE TITLE WINDHAM, CHARLES O NAME 1.2 NAME 6189 GRAYLING DR. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE WINDHAM, PAMELA A NAME 2.2 NAME 6189 GRAYLING DR. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Addition MALE 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Chance Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition S 1 TITLE TITLE HALLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 if changed on 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 if changed on 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 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: