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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:18

DOCUMENT # **P93000068056 (9)**

1. Corporation Name
STONEYBROOK CRAFTS & BAKING CO., INC.

Principal Place of Business	Mailing Address
444 S. HUNT CLUB BLVD. APOPKA FL 32703 US	444 S. HUNT CLUB BLVD. APOPKA FL 32703 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3210688	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 1022 LAKESIDE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 APOPKA, FL.
Zip 24 / County 25	Zip 29 32712 / County 30 USA

9. Name and Address of Current Registered Agent

HALL, BEVERLY
1022 LAKESIDE DRIVE
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: BARBARA J. STOUDT
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1022 LAKESIDE DRIVE
84 City: APOPKA FL 85 Zip Code: 32712

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 date of execution) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P S D	☒ Change ☐ Addition
NAME	STOUDT, BARBARA J	12 NAME		
STREET ADDRESS	444 HUNT CLUB BLVD.	13 STREET ADDRESS		
CITY ST ZIP	APOPKA FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	STOUDT, DAVID R	22 NAME		
STREET ADDRESS	444 HUNT CLUB BLVD.	23 STREET ADDRESS	DELETE	
CITY ST ZIP	APOPKA FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	JACKSON, BEVERLY A	32 NAME		
STREET ADDRESS	444 HUNT CLUB BLVD.	33 STREET ADDRESS	DELETE	
CITY ST ZIP	APOPKA FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HALL, BEVERLY	42 NAME		
STREET ADDRESS	1022 LAKESIDE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	APOPKA FL 32712	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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, or on an attachment with an address.

SIGNATURE: Barbara J. Stoudt President — 4-9-95 (Date) — 407-865-7777 (Daytime Phone #)
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0096479 CP