## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 5898 53RD AVE. E.

OR PRINTED NAME OF

BRADENTON FL 34203-9701

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000087546 (6)

DAYBREAK DONUTS, INC.

Principal Place of Business

SIGNATURE:

5898 53RD AVE. E. BRADENTON FL 34203

12/20/1993 05/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0455438 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zφ Country Country This corporation has liability for intangible tax under s. 199.032. Yes No 24 29 Florida Statutes 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name SMITH, MARJORIE V 5898 53RD AVE. E. 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34203** 83 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE Change Addition THE SMITH, MARJORIE V 1.2 NAME NAME 5898 53RD AVE. E. STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL 34203 CITY - S1 - ZIP 1.4 City-ST-ZIP DELETE Change Addition TIME 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-ST-ZIP Offy-\$1 DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST DELETE Change Addition TATLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - 51-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST 20 DELETE Change \_\_\_ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-ZIP 14. I do 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, or on an attachment with an address.

FILED
May 01 1997 8:00am
Secretary of State



3a. Date of Last Report

3. Date incorporated or Qualified