**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

APPROVED AND FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027552 (6)**

1. Corporate Name
**SUSIE'S SNACKS, INC.**

Principal Place of Business
**P.O. BOX 47825**
**JACKSONVILLE FL 32247**

Mailing Address
**P.O. BOX 47825**
**JACKSONVILLE FL 32247**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report:

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: 59-3234520 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.**
**1201 HAYS ST.**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: MARK WILKINSON
82 Street Address (P.O. Box Number is Not Acceptable): 4929 ATLANTIC BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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] MARK WILKINSON 1/17/95
(Signature of New Registered Agent or Registered Agent, if Changing) (Printed Name of New Registered Agent or Registered Agent, if Changing) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 | |
|---|---|---|---|
| 31 TITLE | DP | 41 TITLE | ☐ Change ☐ Addition |
| 32 NAME | COOKE, SUSAN | 42 NAME | |
| 33 STREET ADDRESS | 4929 ATLANTIC BLVD. | 43 STREET ADDRESS | |
| 34 CITY-ST-ZIP | JACKSONVILLE FL 32207 | 44 CITY-ST-ZIP | |
| 35 TITLE | DST | 45 TITLE | ☐ Change ☐ Addition |
| 36 NAME | WILKINSON, MARK | 46 NAME | |
| 37 STREET ADDRESS | 4929 ATLANTIC BLVD. | 47 STREET ADDRESS | |
| 38 CITY-ST-ZIP | JACKSONVILLE FL 32207 | 48 CITY-ST-ZIP | |
| 39 TITLE | | 49 TITLE | ☐ Change ☐ Addition |
| 40 NAME | | 50 NAME | |
| STREET ADDRESS | | 51 STREET ADDRESS | |
| CITY-ST-ZIP | | 52 CITY-ST-ZIP | |
| TITLE | | 53 TITLE | ☐ Change ☐ Addition |
| NAME | | 54 NAME | |
| STREET ADDRESS | | 55 STREET ADDRESS | |
| CITY-ST-ZIP | | 56 CITY-ST-ZIP | |
| TITLE | | 57 TITLE | ☐ Change ☐ Addition |
| NAME | | 58 NAME | |
| STREET ADDRESS | | 59 STREET ADDRESS | |
| CITY-ST-ZIP | | 60 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 is current 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 above, or on an attachment with an address.

**SIGNATURE:** [signature] MARK WILKINSON SEC 1/17/95 904-396-6675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0407074 FP