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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAR 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028639

1. Corporation Name
SUGAR MAGNOLIA BAKERY INC

Principal Place of Business	Mailing Address
15271 Mc GREGOR FT. MYERS FL 33908	1702 SAND PEBBLE WAY SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/13/94	3a. Date of Last Report: INITIAL REPORT
4. FEI Number: 65-0483036	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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEBORAH SUGARMAN 15757 IONA LAKES DRIVE FT MYERS FL 33908	81 Name: A. RONALD TAICHNAR CPA 82 Street Address (P.O. Box Number is Not Acceptable): 1702 SAND PEBBLE WAY 83 84 City: SANIBEL ISLAND FL 85 Zip Code: 33957

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: A. RONALD TAICHNAR CPA — A. Ronald Taichnar CPA — 3/11/95
(Signature, typed or printed name of registered agent, and title if applicable) (Date) (Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN U.S.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE: P ☐ Change ☐ Addition 12 NAME: DEBORAH SUGARMAN 13 STREET ADDRESS: 15757 IONA LAKES DRIVE 14 CITY-ST-ZIP: FT MYERS FL 33908
	21 TITLE: V ☐ Change ☐ Addition 22 NAME: HOWARD MAYER 23 STREET ADDRESS: 2605 WULFERT 24 CITY-ST-ZIP: SANIBEL ISLAND FL 33957
	31 TITLE: S, T ☐ Change ☐ Addition 32 NAME: JUDITH MAYER 33 STREET ADDRESS: 2605 WULFERT 34 CITY-ST-ZIP: SANIBEL FL 33957
	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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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: Howard Mayer VP — 3-17-95 — 813 472 9293
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone Number)
HOWARD MAYER