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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000040722 (8)**

1. Corporation Name:  
**HEKELA'S & PEWELI FROZEN YOGURT, INCORPORATED**



Principal Place of Business

**7 OLD KING'S ROAD NORTH  
SUITE #2  
PALM COAST FL 32137  
US**

Mailing Address

**7 OLD KING'S ROAD NORTH  
SUITE 2  
PALM COAST FL 32137-8229  
US**

3. Date Incorporated or Qualified  
**05/31/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21 1070 Palm Coast Pkwy. NW**

2a. Mailing Address

**26 1070 Palm Coast Pkwy. NW**

4. FEI Number

**59-3247475**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22 Suite #1**

Suite, Apt. #, etc.

**27 Suite #1**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

**23 Palm Coast, FL**

City & State

**28 Palm Coast, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

**24 32137**

Country

**25 Flagler**

Zip

**29 32137**

Country

**30 Flagler**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAYES, BEVERLY  
28 CLEARVIEW CT. SOUTH  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 by typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PT MAYES, HEATHER C.**

STREET ADDRESS **39 COOPER LN**

CITY- ST- ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME **VS MAYES, BEVERLY**

STREET ADDRESS **28 CLEARVIEW CT. SOUTH**

CITY- ST- ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- 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.

SIGNATURE: *Heather C Mayes* **Heather C Mayes**

**4/30/97** **904-445-7832**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (9/96)