

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041334 (1)

1. Corporation Name
A FRESH IDEA, INC.



Principal Place of Business
2801 E HILLBOROUGH AVE
TAMPA FL 33610
US

Mailing Address
P OBOX 310006
TAMPA FL 33680
US

3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report 06/07/1995
4. FEI Number 59-3254628	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

MATTHEW D. POWELL, P.A.
4329 N ARMENIA AVE
TAMPA FL 33607

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

Laura K. Rose, Pres.

3/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	Change ☒ Addition ☐
NAME	KILLEBREW, LAURA	2. NAME	
STREET ADDRESS	311 W HAYA	3. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33603	4. CITY-STATE-ZIP	
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-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)(k), Florida Statutes. I further certify 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:

Laura K. Rose, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (815) 948-0334
Date and Phone #

CR2E034 (12/95)