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FILED

Apr 14 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 # P94000052923 (7)

1. Corporation Name:

M & M FRESH & DELICIOUS INCORPORATED

Principal Place of Business

*PRETZEL TWISTER/MERRITT SQUARE MALL
777 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Mailing Address

*PRETZEL TWISTER/MERRITT SQUARE MALL
777 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952-3578

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3255948

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 The Pretzel Twister

Suite, Apt. #, etc.

22 220 Merritt Square Mall

City & State

23 Merritt Isl. FL

24 32952

Country

25 Brevard

2a. Mailing Address

26 The Pretzel Twister

Suite, Apt. #, etc.

27 220 Merritt Square Mall

City & State

28 Merritt Isl. FL

29 32952

Country

30 Brevard

9. Name and Address of Current Registered Agent

MORRILL, JAMES G
225 S TROPICAL TRAIL 924
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

Morrill, JAMES G.

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

225 S. Tropical Trail #110

83

84 City

Merritt Isl.

FL

85 Zip Code

32952

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

James S. Morrill

4-8-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MORRILL, JAMES G
STREET ADDRESS 225 S TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL

TITLE VP ☐ DELETE

NAME MORRILL, KIM,
STREET ADDRESS 225 S TROPICAL TRAIL 924
CITY-ST-ZIP MERRITT ISLAND FL

TITLE S ☐ DELETE

NAME MORRILL, JILL
STREET ADDRESS 18155 SW RIDGEVIEW DR
CITY-ST-ZIP TEQUESTA FL

TITLE T ☐ DELETE

NAME MORRILL, ROBERT
STREET ADDRESS 18155 SE RIDGEVIEW DR
CITY-ST-ZIP TEQUESTA FL

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 P ☒ Change ☐ Addition

1.2 NAME MORRILL, JAMES G
1.3 STREET ADDRESS 225 S. Tropical Trail #110
1.4 CITY-ST-ZIP MERRITT Isl. FL 32952

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME MORRILL, Kim P
2.3 STREET ADDRESS 225 S. Tropical Trail #110
2.4 CITY-ST-ZIP MERRITT Isl. FL 32952

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME MORRILL, JILL A
3.3 STREET ADDRESS 18155 S.E. Ridgeview Dr.
3.4 CITY-ST-ZIP Tequesta, FL

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME MORRILL, Robert D.
4.3 STREET ADDRESS 18155 S.E. Ridgeview Dr.
4.4 CITY-ST-ZIP Tequesta, FL

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:

James S. Morrill

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-97 (407) 452-7412

CR2E034 (9/96)