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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:58

DOCUMENT # P94000059101 (3)

1. Corporation Name
LARGO DONUTS, INC.

Principal Place of Business	Mailing Address
3515 E. BAY DR. LARGO FL 34641-1931	3515 E. BAY DR. LARGO FL 34641-1931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

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

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-3268152 ☐ 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

9. Name and Address of Current Registered Agent

CAFUA, FERNANDO
3515 E. BAY DR.
LARGO FL 34641-1931

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/TREASURER	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDO CAFUA	1.2 NAME	
STREET ADDRESS	84 CASTLEMERE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO ANDOVER MA 01845	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	JOANNE MCLAUGHLIN	2.2 NAME	
STREET ADDRESS	3660 EAST BAY DRIVE #914	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	
TITLE	CLERK	3.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL MCLAUGHLIN	3.2 NAME	
STREET ADDRESS	3660 EAST BAY DRIVE #914	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY MCLAUGHLIN	4.2 NAME	
STREET ADDRESS	3660 EAST BAY DRIVE #914	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	☐ Change ☐ Addition
NAME	KATHERINE MCLAUGHLIN	5.2 NAME	
STREET ADDRESS	3660 EAST BAY DRIVE # 914	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR	6.1 TITLE	☐ Change ☐ Addition
NAME	GEORGIA MCLAUGHLIN	6.2 NAME	
STREET ADDRESS	3660 EAST BAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	6.4 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 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: Fernando Cafua 3-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0361774 CP