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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068963 (5)**

1. Corporation Name
BETTER BUNS, INC.

Principal Place of Business	Mailing Address
2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8459-1 Garden Circle	26 8459-1 Garden Circle
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip / Country 24 34243 / 25 USA	Zip / Country 29 34243 / 30 USA

4. FEI Number: Applied For ☑ 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	10. Name and Address of New Registered Agent
JUDD, STEVEN H ESQ 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	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 of new registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	JUDD, STEVEN H	12 NAME	Douglas J. Hill	
STREET ADDRESS	2940 SOUTH TAMIAMI TRAIL	13 STREET ADDRESS	8459-1 Garden Circle	
CITY-ST-ZIP	SARASOTA FL 34239	14 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		21 TITLE	SID	☐ Change ☒ Addition
NAME		22 NAME	Douglas G. Hill	
STREET ADDRESS		23 STREET ADDRESS	8459-1 Garden Circle	
CITY-ST-ZIP		24 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Douglas J. Hill — April 13, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344331 CP