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Apr 30 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 # P94000075253 (2)

1. Corporation Name

DADDY O'S DONUTS & BAKERY, INC.

Principal Place of Business

~~HUDSON FL 34667~~
HUDSON FL 34667

Mailing Address

~~HUDSON FL 34667~~
HUDSON FL 34667-6713



2. Principal Place of Business

21 13227 U.S. Hwy 19
Suite, Apt. #, etc.

22 City & State
Hudson, FL

23 Zip Country
34667 USA

24 34667 25 USA

2a. Mailing Address

26 13227 U.S. Hwy 19
Suite, Apt. #, etc.

27 City & State
Hudson, FL

28 Zip Country
34667 USA

29 34667 30 USA

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

04/22/1996

4. FEI Number

59-3294285

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

GRAHAM, JAMES L
8128 GREENSIDE LN
BAYONET POINT FL 34667

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME GRAHAM, JAMES L
STREET ADDRESS 8128 GREENSIDE LANE
CITY-ST-ZIP BAYONET POINT FL

TITLE ☐ DELETE
NAME GRAHAM, JANET DORIS
STREET ADDRESS 8128 GREENSIDE LANE
CITY-ST-ZIP BAYONET POINT FL

TITLE ☒ DELETE
NAME BOULANGER, ANDRE S
STREET ADDRESS 1094 ALTOONA
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE
NAME BOULANGER, CHRISTINE R
STREET ADDRESS 1094 ALTOONA
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE
NAME GRAHAM, TIMOTHY J
STREET ADDRESS 8128 GREENSIDE LANE
CITY-ST-ZIP BAYONET POINT FL

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

[Signature]

James L. Graham

4/29/97

862-4972

CR2E034 (9/96)