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 APR 27 AM 8:11
SEC... STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000086062 (4)

1. Corporation Name
FLORIDA CHOCOLATE SPECIALTIES, INCORPORATED

Principal Place of Business	Mailing Address
40351 US HIGHWAY 19 NORTH UNIT 306, TARPON LAKE CENTER TARPON SPRINGS FL 34689	40351 US HIGHWAY 19 NORTH UNIT 306, TARPON LAKE CENTER TARPON SPRINGS FL 34689

2. Principal Place of Business	2a. Mailing Address
21	26 FLORIDA CHOC. SPEC, INC
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. P.O. Box 5204
23 City & State	28 City & State PALM HARBOR FL
24 Zip / 25 County	29 Zip 34684 / 30 County PINELLAS

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report:
4. FEI Number: ☐ 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

LIVINGSTON, SANDY
10305 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654

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 ______

12. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	WOOD, KAREN L
STREET ADDRESS	43 LAKESHORE DRIVE
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	SDD
NAME	WOOD, RICHARD B
STREET ADDRESS	43 LAKESHORE DRIVE
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: Karen L. Wood — 4-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
KAREN L. WOOD

813-937-1413 Res
813-938-1899 Office
Daytime Phone #

0367706 CP