

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000092689 (6)**

1. Corporation Name

**COLONIAL DONUTS, INC.**



Principal Place of Business

**2217 E. COLONIAL DRIVE  
ORLANDO FL**

Mailing Address

**10725 E. COLONIAL DRIVE  
ORLANDO FL 32817**

3. Date Incorporated or Qualified  
**12/23/1994**

3a. Date of Last Report  
**05/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3287091**

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

22

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Country

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Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMALL, KEVIN  
9734 TATTERSALL AVENUE  
ORLANDO FL 32817**

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 of the person named as registered agent and state of domicile

Signature of Registered Agent (Signature required when changing agent)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **CAFUA, FERNANDO**  
STREET ADDRESS **84 CASTLEMERE PLACE**  
CITY- ST- ZIP **NORTH ANDOVER MA**

TITLE **C** ☐ DELETE  
NAME **SMALL, KEVIN**  
STREET ADDRESS **9734 TATTERSALL AVE**  
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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)(k), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 4-29-96 X*

Date:

Original Phone #

CR2E034 (12/95)