SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

SIGNATURE:

APPLIQVES. AMOUNT-DUE ON OR BEFORE 99/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 99 JUL -1 PH 1:27 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 STOLLTANY OF STATE **DOCUMENT #** P94000092689 COLONIAL DONUTS, INC. Principal Place of Business Mailing Address 2217 E. COLONIAL DRIVE 10725 E. COLONIAL DRIVE ORLANDO FL ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3287091 21 Not Applicable 26 Suite. Act. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation owes the current year Intangible Personal Property. ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMALL, KEVIN 82 Street Address (P.O. Box Number is Not Acceptable) 9734 TATTERSALL AVENUE ORLANDO FL 32817 83 City Zip Code 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) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE Change Addition DELETE CAFUA, FERNANDO NAME .2 NAME 800002925578--5 -07/07/99--01081--002 84 CASTLEMERE PLACE STREET ADDRESS 1.3 STREET ADDRESS NORTH ANDOVER MA CITY-ST-ZIP 1.4 CITY-ST-ZIP ****550.00 *****550.00 Addition TITL# DELETE 2.1 TITLE SMALL, KEVIN NAME 2.2 NAME 9734 TETTERSALL AVE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TALE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME **TREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51TME Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not challfy for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual seport or superpendial 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 of the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attactment with an address.

407-380-9464