

FILED

Apr 07 1997 8:00am  
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000004016 (8)**  
 1. Corporation Name  
**GAIL'S PRETZELS, INC.**



Principal Place of Business <b>500 E. UNIVERSITY AVENUE SUITE A GAINESVILLE FL 32601</b>	Mailing Address <b>P.O. BOX DRAWER 2759 GAINESVILLE FL 32602-2759</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/12/1995</b>	3a. Date of Last Report <b>04/14/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3293895</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SALZMAN, ANTHONY J MOODY, SALZMAN &amp; ROBERTSON 500 E. UNIVERSITY AVENUE, SUITE A GAINESVILLE FL 32602-2759</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANSIS, DIANE</b>		1.2 NAME	
STREET ADDRESS <b>6351 NEWBERRY ROAD, #402</b>		1.3 STREET ADDRESS <b>6519 Newberry Rd #402</b>	
CITY - ST - ZIP <b>GAINESVILLE FL 32605</b>		1.4 CITY - ST - ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LIPCHIK, AMY</b>		2.2 NAME <b>VORE, AMY</b>	
STREET ADDRESS <b>6351 NEWBERRY ROAD, #1109</b>		2.3 STREET ADDRESS <b>334 SW 62 Blvd #8</b>	
CITY - ST - ZIP <b>GAINESVILLE FL 32605</b>		2.4 CITY - ST - ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>LAWRENCE, BAIL M</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>334 SW 62 Blvd #8</b>	
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>Gainesville, FL 32607</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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]* **4/3/97** **352-332-8383**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Gail M. Lawrence** Daytime Phone #  
 0069301

CP2E034 (9/96)