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

29

g. Name and Address of Current Registered Agent

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023340 (9)

M. AND L. BAKERY INCORPORATED

25

PEREZ. LUIS A 8212 CRENSHAW ST.

**TAMPA FL 33615** 

Principal Place of Business Mading Address 8714 HANLEY RD. 6714 HANLEY RD. TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 03/20/1995 2. Principal Place of Business 2a. Mailing Address 59-3306497 26 Suite, Apl. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country 24

## **FILED** May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be П Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 85

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.

81 Name

R2

63

City

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE NAME PEREZ, LUIS A 1.2 NAME 8212 W CRENSHAW AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-78P 1.4 CITY - ST - ZIP DELETE ☐ Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP ☐ DEL E TE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-SY-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change \_\_\_ Addition

CITY - ST - ZIP 14. I 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 suppliemental argued 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 security or trustee employered 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 our attachment with an indicates.

62 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS

PRESIDENT