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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000030164 (4) **DOCUMENT #**

1. Corporation Name BEACHSIDE BAKERY, INC.								
Principal Place of	Business	Mailing Address			i idifilitift tim totat mistr anzus anatt	EBIN PRIOR III	1) 08101 11 9 10	3 ,,,,, 2 ,, 0 ,,,
4007 HWY. 98 HC 3. BOX 164B MEXICO BEACH FL PORT ST. JOE FL 32456								
MERICO DEN	W1 FE				3. Date Incorporated or Qualified 04/12/1995	3a. Date	of Last Rep	ort
		2a. Mailing Address			A CCI Number			plied For
Principal Place of Business		26 Suite, Apt #, etc.			59-331494	<i>!</i>		t Applicable
					5. Certificate of Status Desired	\$8.75 Additional		
Suite, Apt. #,	etc.	27			5. Certificate of Status Scores		Fee Re	equired
		City & State			6. Election Campaign Financing			Мау Ве
City & State		28			Trust Fund Contribution	•		to Fees
7.0	Country	Zip	Cou	ıntry	8. This corporation has liability for	intangible ta:	cunders 1	99.032,
Zip 1	25	29	30			□ No		
	9. Name and Address of Curre				10. Name and Address of New F	legistered #	gem	
				B1 Name				
	AND THE MARK			82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	AND, THELMA M			Street Floor				
	22ND ST.			83				
MEXICO BEACH FL 32410							85 Zip	Code
				84 City		FL	11	
or registere familiar wit	o the provisions of Sections 607.05 ad agent, or both, in the State of Fig in, and accept the obligations of, Se Signature based or protect complete that	onda, Such change was auff action 607,0505, Florida Stat	nonzed by the lutes	corporation 5 00a	ration submits this statement for the purifying of directors. I hereby accept the app		-	
10	Signature Types or printed hard a regularization		poře Bojse	al Aport squators to pro-	and service record at the dis-	DAT:		
12.	OFFICERS A	ND DIRECTORS	note Haden	al Aport signature regime		DATE FICERS AND		RS IN 12
	OFFICERS A		puOTE Respirates 1.3	al Agent squares re Lie TillE	and service record at the dis-	DATE FICERS AND	DIRECTO	RS IN 12
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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 supplementa' 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. 6401" Y - S" - ZIP

5.2 NAME

6 1 11 LE

6.2 NAME

5.3 STREET ADDRESS

€ 3 STHEET ADDRESS

5 4 CHY-ST ZIF

SIGNATURE:

THLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 D DE 4/29/86 (964) 648-5622

DELETE

☐ Change

Addition