

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90088 039 \*\*\*158.75

DOCUMENT # P95000041143

1. Corporation Name  
TWISTIN' DOUGH, INC.

Principal Place of Business

P O BOX 210008  
ROYAL PALM BEACH FL 33421-0008

Mailing Address

P O BOX 210008  
ROYAL PALM BEACH FL 33421-0008  
33421-0008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number

65-0589400

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 8966 BELVEDERE ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 210008

Suite, Apt. #, etc.

City & State

23 WEST PALM BEACH FL

Zip

24 33411

Country

25 U.S.A.

City & State

28 Royal Palm Beach FL

Zip

29 33421-0008

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RALEIGH, MARY C  
8966 BELVEDERE RD  
W PALM BEACH FL 33411

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME CONKLIN, JODI  
STREET ADDRESS 8966 BELVEDERE RD  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE V ☐ DELETE

NAME RALEIGH, MARY C  
STREET ADDRESS 8966 BELVEDERE RD  
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

MARY C. RALEIGH MARY C. RALEIGH 1/20/99 (561) 793-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0069850