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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051111

1. Corporation Name

DOUGHMEISTER, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90156 024 ***150.00



•								0	
Principal Place	of Business	Mailing Address							
1800 EAST FRANKLIN ST 1213 HOMESTEAD DRIVE									
EASTGATE SHO	VIRGINIA BEACH VA 2346	NIA BEACH VA 23461			DO NOT WRITE IN THIS SPACE				
US						3. Date ir corporated or Qualifed			1
						06/29/1995			
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		op ied For	
21		26				56-1929780	Not Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional	
22		27				5. Certificate of Status Desired	Fee F	Recuired	-
City & Sate		City & State				6. Election Campaign Financing		0 May Be	
23		28				Trust Fund Contribution		tc Fees	}
Zip	Country	Zip	Country			8. This corporation owes the current year:	ntangible ☐ Yes	⊠No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registere		INIO	1
	9. Name and Address of Current	Registered Agent		81	Name	10, Name and Address of New Registere	u Agent		1
1 ARC	CHE, JAMES G JR.				1401110				
3426 NW 43RD ST			1	82 Street Acdress (P.O. Box Number is Not Acceptable)					
SUITI				83					1
	ESVILLE FL 32606			00					1
₩ 11 V				84	City	F	L 85 Zip	o Code	
11 Pursuant t	to the provisions of Sections 607,0502	and 607.1508. Florida Statu	tes, the al	bove	-named co	crporation submi s this statement for the purpose	of changing i	ts registered	1
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	f Florida. Such change was	autnorized	יעסו	tne corpor	ration's board of directors. I hereby accept the app	ointment as i	registered	
1	II lamiliai witti, and al-cept the obligati	ons of, Section our losco, in	maa otas						
SIGNATUFE.	Signature, typed or printed hame of registered agent	and title if applicable. (NOT	: Registered	Agent	t signature req	uired when reinstating) DATE] ;
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			1 9
TITLE	PD	☐ DELETE	1.1 TI	ſLΕ			Change	e Addition	;
NAME	STANFORD, DAVID W	RD, DAVID W		ME					
STREET ADDRESS	405 BERRYHILL DRIVE		1.3 ST	REET	ADDRESS	117 GRISTMILL LANE			}
CITY-ST-ZIP	CARRBORO NC		14 CI	TY-ST	-ZIP	CHAPEL HILL, NC 2751	}		4 3
TITLE	VD	☐ DELETE	2.1 TI	ΓLE			Change	e Addition	`
NAME	TANTON, DANNY D		2.2 N	ME					
STREET ADDRESS	925 BAYSIDE BLUFF ROAD		2.3 \$1	2.3 STREET					
CITY-ST-ZIP	0.10.10.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			TY-S	T-ZIP				4
TITLE	VD	☐ DELETE	3 1 TI	πE			Change	e Addition	
NAME	LOPEZ, NORMAN A			ME					
STREET ADDRESS 11702 GRAN CRIQUE COURT NORTH				REET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4. C		T-ZIP		X Change	e Addition	-
TITLE	ST	☐ DELETE	4.1 TF				M Change	e [] Modition	
NAME .	STANFORD, MARY BETH		4. 2 N			11-1			
STREET ADDRESS					ADDRESS	117GRISTMILL LANE			
CITY-ST-ZIP	CARRBORO NC		4.4 CI		r- ZIP	CHAPEL HILL, NC 27514	E ☐ Change	e Addition	\exists
TITLE		☐ DELETE	5.1 Ti				<u> Попану</u>	c Nagigoti	
NAME			5.2 N/		· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ octor	5.4 CI 6.1 TI		I-ZiP		☐ Chang	e Addition	Н
TITLE		☐ DELETE						○ ☐ Addition	
NAME			6.2 N		TARDEL CO				
STREET ADDR :SS					ADDRESS				
CITY-ST-7IP			6.4 CI	IY-SI	I-ZIP			_	1

14. I here'sy 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 indica ed on this annual report or supplemental annual report is true and accurate and that my signa ure 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

MAYOR DO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALLD W. STAN FORD PRESIDENT

DEI 21 1999 (919)919-1

CR2E034 (11/98