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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064562 (8)

FILED Jan 30 1998 8:00am Secretary of State

THINFULLY DELICIOUS, INC. Principal Place of Business Mailing Address 9744 MAJESTIC WAY 9744 MAJESTIC WAY BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0625403 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Ø Ño ☐ Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCGLYNN, DEBBIE A 9744 MAJESTIC WAY Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** City 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 are tappled with and accept the obligations of Section 607,0595, Florida Statutes. 12. 13. TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1 1 TITLE Change MCGLYNN, DEBBIE A NAME 1.2 NAME 9744 MAJESTIC WAY STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCGYLNN, BRIAN P 2.2 NAME NAME 9744 MAJESTIC WAY STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY - ST - ZIP 2. 4 CITY-ST-ZIP ___ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 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 Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 61 TITI F 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debbie A B. M. E. Welle UMC Styne 375

CR2E034 (10/97