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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 05 1997 8:00am

Secretary of State

DOCUMENT # P95000097050 (5)

PINE HILLS DONUTS, INC.

Principal Plac	e of Business	Mailing Address		·····						
5140 SILVER S ORLANDO FL S		5140 SILVER STAR ROAD ORLANDO FL 32808-4544								
						3. Date Incorporated or Qualified 12/18/1995	3a. Da	le of La		loc
2. Principal P	Place of Business	2a. Mailing Address	ta. Mailing Address			4. FEI Number Applied For				
21		26				59-3351186 Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & Stato				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	h		Country		8. This corporation has liability for it			der s.	199.032,
24	25	[29]	30			Florida Statutes Yes V No				
	9. Name and Address of Curren	Registered Agent		11	Name	10. Name and Address of New Re	gistered A	agent		
	INITO, MARGARET P		ľ	'1	Name					
7139 TIMBER DRIVE				2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
WIN	TER PARK FL FL327-92		9	3						
			ľ	"						
			8	4	City		FL	85	Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accopt the obliga	2 and 607-1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	les, the abo authorized orida Statut	by tes	-named corporal	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of t the appo	chang pintmer	ing its nt as r	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	or and title it applicable (NO)	E Registered A		il signature requir	ed when reinstalleg)	DATE			
12.	12. OF FICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PTD DELETE		1,1 71718	E	T T			Cha	inge	Addition
NAME	RODRIQUES,		1,2 NAM	1.2 NAME						
STREET ADDRESS	14752 LONE EAGLE DRIVE		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32837		1,4 CITY	- ST	- Z(P					.,
TITLE	VSD	DELETE	2.1 1111	ŧ				Cha	egni	Addition
NAME	SANTOS, LUIS		2.2 NAM	31						
STREET ADDRESS	5107 SCARSDALE MANOR		2.3 STHE	EET A	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32818		2. 4 CITY	Y - S	1 - ZIP					
TITLE	Ð	☐ DETELE	3.1 1111.5			•		☐ Cha	ange	
NAME	RODRIGUES, DOLORES		3.2 NAM	1 E.						
STREET ADDRESS	14752 LONE EAGLE DRIVE		3.3 STRI	3.3 STREET A						
CITY-ST-ZIP	ORLANDO FL 32827			3.4. CITY - ST - Z						
TITLE	D	DELETE	4.1 1ITL	4.1 TITLE				Cha	ange	Addition
NAME	SANTOS, LAURA DOS		4. 2 NAN	ΜE						
STREET ADDRESS	5107 SCARSDALE MANOR		4.3 STREET		ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32818		4.4 CITY		-71P					
TITLE		☐ DELETE	5.1 THLE					∐ Cha	ange	Addition
NAME			5.2 NAM	1ŀ						
STREET ADDRESS			5.3 STRE	EE1 A	ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP				— -		—
TITLE		☐ DELETE	6) THU	E				☐ Cha	inge	Addition
NAME			6.2 NAM	1E						
STREET ADDRESS			6 3 STRI	[[]]	ADDRESS					

14. I do 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 genual popular supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the cooperation 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 thoch 190 changed, or on an attachment with an address.