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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

Suite, Apt #, etc

25

11010 SW **69TH STREET**

GAINESVILLE FL 32606

TOMUN, LAD

City & State

21

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23

24

Zip

P96000031625 (2)

CANDY STOP, INC.

Principal Place of Business 11010 SW 69TH STREET GAINESVILLE FL 32608	Mailing Address 11010 SW 69TH STREET GAINESVILLE FL 32908	

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9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

FILED Apr 17 1998 8:00am Secretary of State



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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DFLETE Change Addition THILE 1.1 TITLE TOMLIN, EDWIN L NAME 1.2 NAME 11010 SW 69TH ST 13 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Change NAME 4. 2 NAMI 4.3 STREET ADDRESS 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 54 CITY-ST-ZIP ☐ DELETE Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRÉSS CITY - ST - ZIP 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 roceiver 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.

SIGNATURE:

7352) 331-0514