PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000050942

HOLE IN ONE DONUTS, INC. I

Principal Place of Business
1907 JIM REDMAN PARKWAY

PLANT CITY FL 33566

Mailing Address

1907 JIM REDMAN PARKWAY PLANT CITY FL 33566

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90011 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 06/13/1996	· · · · · ·			
		O- Martin- Address				4. FEI Number	F	Applie	d For	
2. Principal Pla	ace of Business	2a. Mailing Address				59-3389202			plicable	
Suite, Apt. #	f. etc.	Suite, Apt. #, etc.				\$8.75 Additional				
22 27						J. Certificate of Citatos Bosinsa	Fe	e Requi	red	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	•	00 Ma led.to-E	•	
23	Country	Zip	Countr	У		8. This corporation owes the current year Int	angible			
						Personal Property Tax. Yes □No				
24	9. Name and Address of Curre		1001			10. Name and Address of New Registered	Agent			
	5. Name and Address of Corre	The registerior registerior	81	I N	lame					
Saran, TED					(D.O. D. Mundamin Alex Accordable)					
1907 JIM REDMAN PARKWAY				2 Street Address (P.O. Box Number is Not Acceptable)						
PLANT CITY FL 33566				83						
PLAIN	II CITT FE 33300		"	1		<u> </u>				
			84	4 C	City	FL	85	Zip Coo	te	
						oration submits this statement for the purpose of or's board of directors. I hereby accept the appoint	<u> </u>	- H	intered	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig				COIPOIANO		_			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Ag	ent sig	jnature required	t when reinstating) DATE	io Dine	CTOD	181.42	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF				
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Cha	inge	Addition	
NAME	SARUN, TED		1.2 NAME	:						
STREET ADDRESS	1907 JIM REDMAN PARKWAY	1	1.3 STRE	ET AD	DRESS					
	PLANT CITY FL 33566	•	1,4 CITY-	ST-ZI	IP					
CITY-ST-ZIP	TEANT OFF TE GOOD	☐ DELETE	2.1 TITLE				☐ Cha	inge	☐ Addition	
			2.2 NAME	=						
NAME			2.3 STRE	ET AD	YORESS.	•				
STREET ADDRESS			2. 4 CITY							
CITY-ST-ZIP		DELETE	3.1 TITLE				☐ Chá	ange	Addition	
TITLE			3.2 NAME							
NAME										
STREET ADDRESS			3,3 STRE						· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP		□ aciere	3.4. CITY		<u> </u>		☐ Ch	ange	Addition	
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NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRE	ET AC	DRESS					
CITY-ST-ZIP			4.4 CITY		1P		□ Ch	2000	Addition	
TITLE		☐ DELETE	5.1 TITLE		1		Lon	oriye	☐ Yaqqqqq	
NAME			5.2 NAM			•				
STREET ADDRESS			5.3 STRE							
CITY-ST-ZIP			5.4 CITY		JIP				<b>—</b> 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE		☐ DELETE	6.1 TITLE	E			Ch	ange	Addition	
NAME			6.2 NAM	E						
STREET ADDRESS			6.3 STR	EET AL	DDRESS					
	/		6.4 CITY	-ST-Z	ZIP (					
CITY-ST-ZIP	I //				1.11.4	Section 119.07(3)(i), Florida Statutes. I further co	artify that	the inf	armation	

14. I hereby certify that the information supplied with this filing coes 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 of 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND THE OF FRIM ED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/99 8/3-754-66/6

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