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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1998 8:00am

Secretary of State

☐ Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064970 (2)

THE BOCA GRANDE BAKERY, INC.

384 E RAILROAD AVE BOCA GRANDE FL 33921-0578		P O BOX 578 BOCA GRANDE FL 3392	P O BOX 578 BOCA GRANDE FL 33921-0578			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/02/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo	or
21		26				65-0730612 Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired See Required	al
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	,
Zip Country			Zip Country			This corporation owes or has paid the current year Intangible	
<del></del>	25	29 30		]		Personal Properly Tax due June 30. Yes No	
24	9. Name and Address of Curr		1301			10. Name and Address of New Registered Agent	
				1	Name		
EKASALA, WILLIAM R 384 E RAILROAD AVE			8:	2 :	Street Addr	reet Address (P.O. Box Number is Not Acceptable)	
BO	CA GRANDE FL 33921-0578		8	3			
			L				
į.,			8		City	FL 85 Zip Code	
office or r	to the provisions of Soctions 607.09 egistered agent, or both, in the Sta in familiar with, and accept the obli	te of Florida. Such chan <b>ge w</b> as:	authorized I	by ti	named corp he corporati	poration submits this statement for the purpose of changing its registr tion's board of directors. I hereby accept the appointment as register	ed
Signature, typed or printed name of registered agent and title if applicable (NOTE				geni	signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4141
TITLE	PTD	☐ DELETE	1.1 TITLE			Change Ad	dition
NAME WILLIAM, EKASALA R			1.2 NAMI	1.2 NAME			
STREET ADDRESS	<b>384</b> E RAILROAD AVE PO E	BOX 578	1.3 STREET ADDRESS		)DRESS		
CITY-ST-ZIP BOCA GRANDE FL 78			1.4 CITY - ST - ZIP		ZIP		
TITLE	<b>V\$</b> D	☐ DELETE	2.1 TITLE			Change Ad	dition
NAME	AME GLENDA, GALLAHER H			2 2 NAME			1
STREET ADDRESS 384 E RAILROAD AVE PO BOX 578		SOX 578	2.3 STREET ADDRESS		odress		
CITY-ST-ZIP	ST-ZIP BOCA GRANDE FL 78		2 4 CITY	-51-	- ZIP	•	
TITLE	DELETE 31		3 1 TITLE			Change Ad	dition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET A[	DDRESS		
CITY-ST-ZIP	3		3.4. CITY	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE 41		4 1 TITLE	41 TITLE		☐ Change ☐ Ad	dition
NAME			4. 2 NAM	IE.			
STREET ADDRESS			4.3 STRE	et al	DDRESS		1
CITY-ST-ZIP			4.4 CITY	-ST-	ZIP		
TITLE		☐ DELETE	5.1 TITLE	:		Change Ad	dition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET AC	DDRESS		
CITY-ST-ZIP			5.4 CITY				

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

64 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

... 1 11 Callenter 11. 12. 42

DELETE