


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

FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070267 (5)**  
1. Corporation Name  
**SUNNY DONUTS, INC.**

Principal Place of Business

**9965 SAN JOSE BLVD.  
JACKSONVILLE FL 32257  
US**

Mailing Address

**9965 SAN JOSE BLVD  
JACKSONVILLE F 32257  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1996**

4. FEI Number

**59-3403642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **9965 San Jose Blvd**

Suite, Apt. #, etc.

22

City, State

23 **Jacksonville, Florida**

Zip

24 **32257**

Country

25 **U.S.**

2a. Mailing Address

26 **9965 San Jose Blvd**

Suite, Apt. #, etc.

27

City, State

28 **Jacksonville, Florida**

Zip

29 **32257**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**PEPER, RICHARD C JR.  
3020 HARTLEY ROAD STE 350  
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MORAIS, NELSON**  
STREET ADDRESS **37 GAMMONS ROAD**  
CITY-ST-ZIP **ACUSHNET MA 02743**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition  
1.2 NAME **Nilton B. Moraes**  
1.3 STREET ADDRESS **41 Old Orange Park Road**  
1.4 CITY-ST-ZIP **Orange Park, Florida**

2.1 TITLE **Secretary** ☐ Change ☒ Addition  
2.2 NAME **Quarte Leato**  
2.3 STREET ADDRESS **41 Old Orange Park Road**  
2.4 CITY-ST-ZIP **Orange Park, Florida**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition  
3.2 NAME **Alda Moraes**  
3.3 STREET ADDRESS **37 Gammons Road**  
3.4 CITY-ST-ZIP **Acushnet, Mass 02743**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **President** ☒ Change ☐ Addition  
5.2 NAME **Nelson Moraes**  
5.3 STREET ADDRESS **9965 San Jose Blvd**  
5.4 CITY-ST-ZIP **JAY FL 32257**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE:

**Nelson Moraes** 4/1/98 (904) 215-2314

CR2E034 (10/97)