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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070267

1. Corporation Name
SUNNY DONUTS, INC.



Principal Place of Business

Mailing Address

9965 SAN JOSE BLVD
JACKSONVILLE FL 32257
US

9965 SAN JOSE BLVD
JACKSONVILLE F 32257
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME MORAIS, NILTON B

STREET ADDRESS 141 OLD ORANGE PARK RD

CITY-ST-ZIP ORANGE PARK FL 02743

TITLE P ☐ DELETE

NAME NELSON, MORAIS

STREET ADDRESS 9965 SAN JOSE BLVD

CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE S ☐ DELETE

NAME DUARTE, COOTO

STREET ADDRESS 141 OLD ORANGE PARK RD

CITY-ST-ZIP ORANGE PARK FL

TITLE T ☐ DELETE

NAME MORAIS, ALSA

STREET ADDRESS 37 GAMMONS RD

CITY-ST-ZIP ACUSHNET MA 02743

TITLE Production President ☐ DELETE

NAME Reddy, Philli P

STREET ADDRESS 10869 Hood Print Drive

CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME MORAIS, NILTON B

1.3 STREET ADDRESS 12250 Governors Dr. W.

1.4 CITY-ST-ZIP Jacksonville, FL 32223

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME MORAIS, Nelson

2.3 STREET ADDRESS 10112 Arrowhead Dr. E.

2.4 CITY-ST-ZIP Apt 1 Jacksonville, FL 32257

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME MORAIS, ALSA

4.3 STREET ADDRESS 10112 Arrowhead Dr. E Apt 1

4.4 CITY-ST-ZIP Jacksonville FL 32257

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Production President

5.3 STREET ADDRESS Reddy, Philli P

5.4 CITY-ST-ZIP 10869 Hood Print Drive

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 (904) 268-5995

CR2E034 (11/98)