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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091531 (9) SPACECOAST DONUTS, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 10725 E COLONIAL DR 10725 E COLONIAL DR ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3411982 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio Zip 8. This corporation owes or has paid the current year Intangible Yes □No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SMALL KEVIN 9743 TADDERSALL AVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. statement for the pu ging its registered SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Age:, aignature required when re CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO S IN 12 13. DELETE TITLE 1 1 TITLE Change ☐ Addition SMALL, KEVIN HALLE 1.2 NAME 9743 TADDERSALL AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 1.4 CITY-ST-ZIP CITY-SI-7IP DELETE Addition Channe TITLE 21 TITLE CHAVES, JOSEPH NAME 2.2 NAME 2430 TURNBERRY DR STREET ADDRESS 2.3 STREET ADDRESS OVIEDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP ☐ DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information emplied with the filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual roport of supplemental virtual report is true and ficcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the record or trustee empowers to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chinged, or on an attachment with an address.

SIGNATURE: