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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1998 8:00am

Secretary of State

I JARIFARI WA JANE AHAI ARKI ARKI ARKI RAWA BAHA RAWA JAKA AKATA KITA RAWA AKA ISA I

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096355 (8)

THE DONUT SHOP INC.

Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		füllå öllöå tilat attal ötti töbt
4579 GUNN H	WY	4579 GUNN HWY			
TAMPA FL 330	624	TAMPA FL 33624		DO NOT WRITE IN TH	IIS SPACE
ļ				3. Date Incorporated or Qualified	IO OFFICE
}				11/21/1996	
2. Principal Pl	lace of Business	2a, Mailing Address		4. FE! Number	Applied For
21		26		59-3447134	Not Applicable
Suite, Apt.	#, etc	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution B. This corporation owes or has paid the	Added to Fees
24	25	29 3		Personal Property Tax due June 30.	Yes No
127	9, Name and Address of C			10. Name and Address of New Register	
SAI	NZO, ROBERT J		81 Name	mary - Dagge	
	'S GUNN HWY		82 Street	Address (P.W. Box Number is Not Acceptable)	
	MPA FL 33624		102	347 Chadbourne Dr.	
			83		
			84 City		85 Zin Code
				Bmoe F	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes	the above-named	d corporation submits this statement for the purpos	e of changing its registered
agent I a	m familiar with, and accept the	obligations of Section 607.0505, Flore	da Statutes.	poration's board of directors. I hereby accept the	Appointment as registered
SIGNATURE	Ma	my O Pince		4/	1/98
	Signature, typed or printed name of legiste			e required when reinstating)	E/
12.		S AND DIRECTORS XX DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	D Lahey, grace M	L SECTION	1.2 NAME	President Jowner.	Its Change C Norman
STREET ADDRESS	4579 GUNN HWY	•	1.3 STREET ADDRESS	mary O. Pierce	
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	hozur Chadhoulene Dr.	
TITLE	D	DELETE	2.1 TITLE	Trompia FL. 33624 vice president	K Change Addition
NAME	SANZO, ROBERT J	7	2.2 NAME	michael A. Jacobs	—
STREET ADDRESS	4579 GUNN HWY		2.3 STREET ADDRESS	10347 Chadbourne Dr.	•
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP	TAMPA EL 33624	
TITLE		DELETE	3.1 TITLE	SECRATORY TREASURER.	Change Addition
NAME			32 NAME	Shieley A JACOBS	
STREET ADDRESS			3.3 STREET ADDRESS	10847 Chadrougne De.	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	TAMPA FL 33624	
TITLE		DELETE	4.1 TITLE	, ,	Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Drive	4.4 CITY-ST-ZIP		Change Laurer-
TITLE		L.) DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Print Printers	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information suppl	ied with this filing does not qualify for	the exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
indicated officer or of	on this annual report or suppler director of the corporation or the	mental annual report is true and accur e receiver or trustee empowered to ex	ate and that my sig	anature chall have the same lenal ettect as it made	under oath: that I am an
Block 12 o	or Block 13 if changed, or on ar	i attachment with an address		/ /-	968-8407
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:					