

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -9 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000100413 (9)**

1. Corporation Name

AMERICAN DREAM NUT COMPANY, INC.



Principal Place of Business
123 CAMBRIDGE DRIVE
LONGWOOD FL 32779

Mailing Address
123 CAMBRIDGE DRIVE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

59-3414847

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 MR. D. SATCHEL

Suite, Apt. #, etc.

27 243 W. PARK AVE, STE 201

City & State

28 WINTER PARK, FL

Zip

Country

29 32789

30 U.S.A.

9. Name and Address of Current Registered Agent

LARSEN, ERIK C
243 W. PARK AVENUE
WINTER PARK FL 32789

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
NAME WALLER, CHRIS
STREET ADDRESS THE POPLARS, HALLCROFT RD
CITY-ST-ZIP RETFORD, NOTTS DN22 7RA FL 32779

TITLE VSB
NAME SOUTHERN, PAUL
STREET ADDRESS 123 CAMBRIDGE DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP FL 32789-7001436

2.1 TITLE V.S.D.
2.2 NAME CORNHILL, MURIEL
2.3 STREET ADDRESS THE POPLARS, HALLCROFT RD
2.4 CITY-ST-ZIP RETFORD, NOTTS DN22 7RA FL 32789-7001436

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 300002691629-7
-11/19/98-01074-005
****150.00 ****150.00

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(l), Florida Statutes. I further certify that 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; 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:

~~SIGNATURE REQUIRED~~

WALLER. 10/3/98. 011441777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

SCEARCE, SATCHER & JUNG, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH L. SCEARCE, CPA
DAVID A. SATCHER, CPA
DONALD L. JUNG, CPA (Retired)

243 WEST PARK AVENUE, SUITE 200
WINTER PARK, FL 32789

(407) 647-6441
(407) 645-0099 FAX

P. O. BOX 3060
WINTER PARK, FL 32790

September 23, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: American Dream Nut Company, Inc.
Document # P96000100413(9)
FEIN 59-3414847

Dear Sir or Madam:

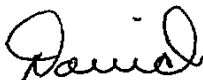
We respectfully request that the late fee be waived for the Corporate Annual Report for American Dream Nut Company. The president of this corporation resides in England, however the Corporate Annual Report was mailed to a Longwood, FL address, and then forwarded to an Attorney and finally forwarded to this office in September.

A letter was sent in January to the Florida Department of Revenue concerning the change of address. Since your office was not forwarded this information, we are sending another letter requesting that the physical and mailing address be changed to avoid this from happening again in the future.

We are enclosing a copy of the completed Corporate Annual Report, a check for the original filing fee of \$150.00, and a copies of the letters requesting a change of address.

We appreciate your consideration. If you have any questions, please call me at the number above.

Sincerely,



David A. Satcher, C.P.A.

DAS/slk
Enclosures

cc: Chris Waller
The Poplars, Hallcroft Road
Retford, Notts DN22 7RA
England