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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064575 (8)

BANBURY CROSS BAKERY, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9308 SE GETTYSBURG CT. 9308 SE GETTYSBURG CT. HOBE SOUND FL 33455 HOBE SOUND Ft. 33455 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Age 10. Name and Address of New Registered Agent 81 Name ELK, SCOTT A 4800 N. FEDERAL HWY., STE. 200-E 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** ВЗ 84 City 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 hope lered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change NAME WINN, RANDALL 1.2 NAME 9308 SE GETTYSBURG CT. STREET ADDRESS 1.3 STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP 1.4 City-ST-ZiP DELETE Addition Change TITLE 217IJLE NAME WINN, PAULETTE 2.2 NAME 9308 SE GETTYSBURG CT. STREET ADDRESS 2.3 STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C/TY - ST - Z/P DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS CITY-ST-ZIP 6.4 City - ST- ZIP

14. Thereby 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 attach

andall T Winn - 4/22/00 S/ 1-8415-74