

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000011397 V

1. Corporation Name

Dowhy's Wings 'n' Sugs, Inc.

Principal Place of Business

109 S JOHN STREET
ORLANDO FL 32835

Mailing Address

109 S JOHN STREET
ORLANDO FL 32835

2. Principal Place of Business

21 109 S JOHN STREET

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL 32835

Zip

24 32835

Country

25 ORANGE

2a. Mailing Address

26 109 S JOHN STREET

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32835

Country

30 ORANGE

3. Date Incorporated or Qualified

2/4/98

4. FEI Number

59-3490634

Applied For

Not Applicable

5. Certificate of Status Desired

□

\$8.75 Additional

Fee Required

6. Election Campaign Financing

□

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes □ No

9. Name and Address of Current Registered Agent

RICHARD PARMENTER
109 S JOHN STREET
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name RICHARD PARMENTER

82 Street Address (P.O. Box Number is Not Acceptable)

109 S JOHN STREET

83

84 City ORLANDO

FL 85 Zip Code

32835

11. Pursuant to the provisions of Sections 607.0602 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)

DATE

4/19/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RICHARD PARMENTER	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME	
STREET ADDRESS	109 S JOHN STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP	
TITLE	DELORES K. PARMENTER	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS	109 S JOHN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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(9)(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 #

4/19/99

CR2E034 (11/98)