OW: FILING FEE AFTE	R MAY 1ST IS \$55	50.00 	FILI	
PROFIT GODAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secreta y of State DIVISION OF CORPORATIONS		Apr 28, 199 Secretary 04-28-1999 90031	
DOCUMENT:# P9800001 1. Corpora ion Name AUNTIE E'S OLDE TYME FUDGE FACTO				
12037 106TH AVE. N. LARGO FL 33778			DO NOT WRITE IN THE 3. Date in corporated or Qualified 02/19/1998	1 S SPACE
21 654 So. Gulfvices Blvd. 26	A. Mailing Address Suite, Apt. #, etc.		4. FEI Number 34943 8	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, etc. 27 City & State	City & State		Certifcate of Status Desired G. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Clearwater Beach, FL 28 Zip Country 24 33767 25 LISA 29 9. Name and Address of Current Reg	Zip 30	Country	This corporation owes the current year Personal Property Tax. Name and Address of New Register	_ Yes ∠ No
O'DONNELL, ALASTAIR 12037 106TH AVE. N. LARGO FL 33778		83 84 City	ess (P.O. Bo (Number is Not Acceptable)	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Floragent I am familiar with, and accept the obligations SIGNATURE Alexanter Openhalist Signature, typed or printed it ame of registered agent and the signature.	of, Section 607.0505, Florida S	Statutes.	dent d when reinstating DAT	2-99
TITLE PT NAME A lastair D'Donnell	RECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDIT ONS/CHANGES TO OFFICER	Change Addition
STREET ADDRESS 12037 106 ALC. N. CITY-ST-ZIP CAPPO, R. 33778 TITLE VS NAME LISA A. O'DONNELL STREET ADDRESS 12037 100 ALC. N.	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP LONGO, FL 33778 TITLE NAME STREET ADDRESS	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADD RESS	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADI RESS	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIF TITLE NAME STREET ADDRESS	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET AODRESS		☐ Change ☐ Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption state 1 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 sign attree 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. EN NAME OF SIGNING OFFICER OF DIRECTOR DATE OF SIGNING OFFICER OF DIRECTOR (lastai) **SIGNATURE:**

6.4 CITY-ST-ZIP