

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 # P98000030203**

1. Corporation Name

**BREAD HAUS BAKERY-EATERY, INC.**

Principal Place of Business

PO BOX 448  
FORT MYERS FL 34133

Mailing Address

PO BOX 448  
FORT MYERS FL 34133

2. Principal Place of Business

21 4131 Bonita Bch Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 4450 Bonita Bch Rd  
Suite, Apt. #, etc.

22 City & State

23 Bonita Springs FL

24 Zip 34134 25 Country USA

27 City & State

28 Bonita Springs FL

29 Zip 34134 30 Country USA

9. Name and Address of Current Registered Agent

OGILVIE, DAVID  
5100-201 CLEVELAND AVE  
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

65-0830866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

DAVID OGILVIE

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

4450 BONITA BEACH RD 10-113

83

84 City

Bonita Springs

FL

85 Zip Code

34134

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

*David Ogilvie*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

OGILVIE, DAVID

PO BOX 448 N/A

BONITA SPRINGS FL 34134

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

GOLDERER, ARNO

5100-201 CLEVELAND AVE

FORT MYERS FL 33907

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

JACOB, REINHARD

16260 DUBLIN CIR, #2

FORT MYERS FL 33907

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

*David Ogilvie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90125 026 \*\*\*150.00



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CR2E034 (11/98)