

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90249 007 ***150.00

DOCUMENT # P98000031100

1. Corporation Name

DONUT CREATIONS, INC.



Principal Place of Business

10398 104TH AVE NORTH #174
LARGO FL 33773

Mailing Address

10398 104TH AVE NORTH #174
LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

2. Principal Place of Business

21 9488 Seminole Blvd.

2a. Mailing Address

26 1562 S. Isene Rd.

4. FEI Number

65-0839529

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Seminole, FL

City & State

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33772

Country

25 Pinellas

Zip

29 33756

Country

30 Pinellas

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UONITES, FLOYD P
10398 104TH AVE NORTH #174
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name

FLOYD P. UONITES

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

1562 S. Isene Rd

83

84 City

Clearwater

FL

85 Zip Code

33756

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 Floyd P. Uonites
Signature, typed or printed name of registered agent and title if applicable.

(President)
(NOTE: Registered Agent signature required when reinstating)

4/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D UONITES, FLOYD P
STREET ADDRESS 10398 104TH AVE NORTH #174
CITY-ST-ZIP LARGO FL 33773

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D FLOYD P. UONITES
1.3 STREET ADDRESS 1562 S. Isene Rd.
1.4 CITY-ST-ZIP Clearwater FL 33756

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(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: FLOYD P. UONITES 4/19/99 (127) 393-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)