PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

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DOCUMENT # P98000043013 1. Corporation Name STILLWATER CANDY SHOPPE, INC. Principal Place of Business Mailing Address P.O. BOX 15312 P.D. BOX 15312 SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date I rcorporated or Qualifed 05/11/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Cour try Zic Country 8. This corporation owes the current year intangible Yes No Persor al Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FROMMHOLZ, PHILIP Street Acdress (P.O. Box Number is Not Acceptable) 2926 MARKRIDGE ROAD SARASOTA FL 34231 Zip Code City 85 84 FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, 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 cirectors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed has te of registered agent, and title if applicable (NOTI : Registered Agent stonature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition FROMMHOLZ, PRESTEEN 1.1 TITLE ППЕ CR2E034 1.2 NAME NAME SARASOTA, FLE TREASURER 1.3 STREET ADDRESS STREET ADDRES 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 21 TITLE TITLE TED NUTTER 2 2 NAME NAME: WAS HINGTON BLUD. 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I heraby 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 ce tify that the information indicated on this annual report or supplemental ar qual 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 deciver or trustee empowered to execute this report as required by Chapter 307. Florida Statutes; and that my name appears in Block 12 or Block 13 if change that of the corporation of the c

SIGNATURE:

Date France B