

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048111 1. Corporation Name

WEST INDIES CANDY OF KEY WEST, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90031 048 ***158.75



Principal Place of Business Mailing Address 810 DUVALSTREET KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/26/1998	1 13001 41001 1301 1001
KEY WEST EL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
3. Date Incorporated or Qualifed	
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900113013	
ν) UNICUI 1330	.
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 701 Caroling ST - Rear 26 2 511 174h St 65-0845909	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.	75 Additional se Required
City & State 6. Election Campaign Financing \$5	.00 May Be
Zip Country Zip Country 8. This corporation owes the current year Intangible	
Zip Country Zip Country 8. This corporation owes the current year Intangible 24 330 40 25 USA 29 80 40 30 USA Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	s ⊉ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
BARKER, RONALD A 82 Street Address (P.O. Box Number is Not Acceptable)	
3 ARBUTUS DRIVE	
KEY WEST FL 33040 83	
84 City 85	Zip Code
FL	og ite registered
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	as registered
SIGNATURE	
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6.4 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

303-455-2320