



PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087861

1. Corporation Name
BROWNIE'S PRETZELS, INC.

Principal Place of Business
9105 TARLETON CIR.
BROOKSVILLE FL 34613

Mailing Address
9105 TARLETON CIR.
BROOKSVILLE FL 34613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

65-0869544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

NESSLER, PAUL H
4052 COMMERCIAL WAY
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name Robert Brown
82 Street Address (P.O. Box Number is Not Acceptable)
9105 Tarleton Cir

83

84 City Brooksville

FL

85 Zip Code

34613

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.25.99

12. OFFICERS AND DIRECTORS

TITLE PO
NAME Robert Brown
STREET ADDRESS 9105 Tarleton Cir.
CITY-ST-ZIP Brooksville FL 34613

TITLE VS D
NAME Dan Brown
STREET ADDRESS 2727 N. FLETCHER AVE APT 43 D
CITY-ST-ZIP TAMPA FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO
1.2 NAME Robert Brown
1.3 STREET ADDRESS 9105 Tarleton Cir.
1.4 CITY-ST-ZIP Brooksville, FL 34613

2.1 TITLE VS D
2.2 NAME Dan Brown
2.3 STREET ADDRESS 2727 N. FLETCHER AVE APT 43 D
2.4 CITY-ST-ZIP TAMPA FL 33618

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

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

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

6.1 TITLE
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:

Signature, typed or printed name of signing officer or director

ROBERT G. BROWN

1-11-99

Date

727-847-9644

Daytime Phone #

CR2E034 (11/98)