

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S83316

(7)

1. Corporation Name

STRUDELS 'N CREAM OF FLORIDA, INC.

FILED

95 AUG 10 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

P. O. BOX 1148
SUITE 1-B
NEWPORT RI 02840
US

P. O. BOX 1148
SUITE 1-B
NEWPORT RI 02840
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

08/09/1994

4. FEI Number

59-3089414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 225 HERONS RUN

26 225 HERONS RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #617

27 #617

City & State

City & State

23 SARASOTA FLA

28 SARASOTA FLA

Zip

Country

Zip

Country

24 34232

25 USA

29 34232

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, FREDERICK W. ESQUIRE
369 NORTH NEW YORK AVENUE
THIRD FLOOR
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WING, WILLIAM R.
STREET ADDRESS 360 THAMES STREET, STE. S-1B, BOX 1148
CITY - ST - ZIP NEWPORT, RHODE IS.

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D WING, WILLIAM R.
1.3 STREET ADDRESS 225 HERONS RUN #617
1.4 CITY - ST - ZIP SARASOTA, FLA, 34232

TITLE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. WING

7/31/95

(Date)

(Signature Here)