

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **43176**

1. Corporation Name

Coast To Coast Yogurt, Inc.

Principal Place of Business

Mailing Address

3800 S. Tamiami Trail, Suite 100
Sarasota, FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified Florida	3a. Date of Last Report 1994
4. FEI Number 65-0337689	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 3800 S. Tamiami Tr.	26 Suite 100
Suite, Apt #, etc.	Suite, Apt #, etc.
22 Suite 100	27 Sarasota, FL
City & State	City & State
23 Sarasota, FL	28 34239
Zip	Country
24 34239	29 USA
25 FL	30 34239

9. Name and Address of Current Registered Agent

Norton, Gurley & Hammersley, P.A.
1819 Main Street, Suite 610
Sarasota, FL 34236

N/C
1/95

10. Name and Address of New Registered Agent

81 Name Norton, Moran, Hammersley, Dunlap, Gurley
82 Street Address (Box Number is Not Acceptable) 1819 Main Street, Suite 610
83 City Sarasota, FL 34236
84 City FL
85 Zip Code 34236

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	1.1 TITLE Carl S. Matisse	1.1 TITLE Carl S. Matisse	☐ Change ☐ Addition
NAME Carl S. Matisse	1.2 NAME 3800 S. Tamiami Trail, Ste 100	1.2 NAME 3800 S. Tamiami Trail, Ste 100	☐ Change ☐ Addition
STREET ADDRESS 3800 S. Tamiami Trail, Ste 100	1.3 STREET ADDRESS Sarasota, FL 34239	1.3 STREET ADDRESS Sarasota, FL 34239	☐ Change ☐ Addition
CITY, ST, ZIP Sarasota, FL 34239	1.4 CITY, ST, ZIP Sarasota, FL 34239	1.4 CITY, ST, ZIP Sarasota, FL 34239	☐ Change ☐ Addition
TITLE Secretary/Treasurer	2.1 TITLE E. Jean Matisse	2.1 TITLE E. Jean Matisse	☐ Change ☐ Addition
NAME E. Jean Matisse	2.2 NAME 3800 S. Tamiami Tr., Ste 100	2.2 NAME 3800 S. Tamiami Tr., Ste 100	☐ Change ☐ Addition
STREET ADDRESS 3800 S. Tamiami Tr., Ste 100	2.3 STREET ADDRESS Sarasota, FL 34239	2.3 STREET ADDRESS Sarasota, FL 34239	☐ Change ☐ Addition
CITY, ST, ZIP Sarasota, FL 34239	2.4 CITY, ST, ZIP Sarasota, FL 34239	2.4 CITY, ST, ZIP Sarasota, FL 34239	☐ Change ☐ Addition
TITLE	3.1 TITLE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP	3.4 CITY, ST, ZIP	3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	4.1 TITLE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP	4.4 CITY, ST, ZIP	4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	5.1 TITLE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	6.1 TITLE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP	6.4 CITY, ST, ZIP	6.4 CITY, ST, ZIP	☐ Change ☐ Addition

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JST

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 119 07(3)(k), Florida Statutes. I further certify that the information included 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 of this filing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Type)