


FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90005 012 ***150.00

| | | | | | |
|---|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <u>V4 8595</u> 1. Corporation Name <u>Mari's Retail Denuts</u> | | | | | |
| Principal Place of Business <u>13015 Park Blvd</u> <u>Seminole, FL 33716</u> | | | Mailing Address | | |
| 2. Principal Place of Business 21 <u> </u> Suite, Apt. #, etc. | | 2a. Mailing Address 26 <u> </u> Suite, Apt. #, etc. | | 4. FEI Number <u>59-3130573</u> | |
| 22 <u> </u> City & State | | 27 <u> </u> City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 <u> </u> Zip | | 28 <u> </u> Country | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 <u> </u> Zip | | 25 <u> </u> Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent <u>Kelly Haydon</u> <u>6732 Deer Pond Lane</u> <u>Pinevas Park, FL 33781</u> | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 <u>Mary Cherry</u> <u>Secretary</u> DATE <u>5-21-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <u>President</u> <input type="checkbox"/> DELETE NAME <u>Kelly Haydon</u> STREET ADDRESS <u>6732 Deer Pond Lane</u> CITY-ST-ZIP <u>Pinevas Park, FL 33781</u> | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <u>Secretary</u> <input type="checkbox"/> DELETE NAME <u>Mary Cherry</u> STREET ADDRESS <u>6732 Deer Pond Lane</u> CITY-ST-ZIP <u>Pinevas Park, FL 33781</u> | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: Mary Cherry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-99
Date

Daytime Phone #

CR2E034 (1/98)