

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **259460** (4)

1. Corporation Name
RICH ICE CREAM CO.

Principal Place of Business: **2915 SOUTH DIXIE WEST PALM BEACH FL 33405**
Mailing Address: **2915 SOUTH DIXIE WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/28/1962	3a. Date of Last Report 03/07/1994
4. FEI Number 59-0997153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**RICH, JAMES R.
1675 PALM BCH. LKS. BLVD. STE. 903
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1655 PALM BEACH LAKES BLVD STE 401
83. City & State	
84. City	WEST PALM BEACH
85. Zip Code	FL 33401

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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICH, WILLARD M JR
STREET ADDRESS	2915 S DIXIE HWY
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	SVD
NAME	RICH, JAMES R
STREET ADDRESS	2915 S DIXIE HWY
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	VD
NAME	RICH, JOHN P
STREET ADDRESS	2915 S DIXIE HWY
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	DV
NAME	RICH, DONALD A
STREET ADDRESS	2915 S DIXIE HWY
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	D
NAME	RICH, WILLARD M
STREET ADDRESS	2915 S DIXIE HWY
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	STD
NAME	RICH, MARTHA R
STREET ADDRESS	2915 S DIXIE HWY
CITY - ST - ZIP	W PALM BEACH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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)(b), 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 an attachment with an address.

SIGNATURE: Willard M. Rich, Jr. PRES. **3/16/95** 407/833-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLARD M. RICH, JR.