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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 814497 (4)
1. Corporation Name
ESKIMO PIE CORPORATION

Principal Place of Business
901 MOOREFIELD PK DR.
RICHMOND VA 23236
US

Mailing Address
PO BOX 26906
RICHMOND VA 23261
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1960	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 54-0571720		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32314				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPE	1.1 TITLE	C/D
NAME	ARNOLD H DREYGUSS	1.2 NAME	Arnold H. Dreyguss
STREET ADDRESS	901 MOOREFIELD PK DR.	1.3 STREET ADDRESS	901 Moorefield Park Dr.
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	Richmond, VA 23236
TITLE	VST	2.1 TITLE	CEO/PID
NAME	MISHOE, THOMAS M. JR	2.2 NAME	David B. Kewer
STREET ADDRESS	901 MOOREFIELD PK DR.	2.3 STREET ADDRESS	901 Moorefield Park Dr.
CITY-ST-ZIP	RICHMOND VA	2.4 CITY-ST-ZIP	Richmond, VA 23236
TITLE	VP	3.1 TITLE	
NAME	HORNBEAK, CARL D.	3.2 NAME	
STREET ADDRESS	901 MOOREFIELD PK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	FERRYMAN, KIMBERLEY P	4.2 NAME	
STREET ADDRESS	901 MOOREFIELD PK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	WATKINS, JEAN PENICK	5.2 NAME	
STREET ADDRESS	111 EAST MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	STAPLES, ROBERT R.	6.2 NAME	
STREET ADDRESS	901 MOOREFIELD PK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	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.

SIGNATURE

CR2E034 (10/97)