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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 558014

(7)

1. Corporation Name

SEBASTIAN'S DIXIE CREAM, INC.

Principal Place of Business

Mailing Address

604 NW 13TH ST.
P.O. BOX 14287
GAINESVILLE FL 32604-9287
US

2226 N.W. 6TH STREET (ZIP 32604)
P.O. BOX 14287
GAINESVILLE FL 32604-2287

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LARSEN, JAMES S.
604 NW 13TH ST
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

01/24/1978

3a. Date of Last Report

05/01/1996

4. FET Number

59-1805239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

1. Name

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

3.

4. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the two-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

TITLE ☐ DELETE

NAME
P LARSEN, JAMES S.
STREET ADDRESS
604 NW 13TH ST
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
S SUZANNAH M. LARSEN
STREET ADDRESS
3978 NW 20TH LANE
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2

1.3

1.4

2.1

2.2

2.3

2.4

3.1

3.2

3.3

3.4

4.1

4.2

4.3

4.4

5.1

5.2

5.3

5.4

6.1

6.2

6.3

6.4

14. I do 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 my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE:

Suzannah M. Larsen

4/30/97

352-1546
372-0000

CR2E034 (9/96)