

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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



3. Date Incorporated or Qualified
06/18/1960

3a. Date of Last Report
05/01/1995

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

4. FEI Number
54-0571720

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICES COMPANY
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPE
CLARK, DAVID V.
901 MOOREFIELD PK DR.
RICHMOND VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
HERZOG, JOHN T
901 MOOREFIELD PK DR.
RICHMOND VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HORNBEAK, CARL D.
901 MOOREFIELD PK DR.
RICHMOND VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FERRYMAN, KIMBERLEY P
901 MOOREFIELD PK DR.
RICHMOND VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
WATKINS, JEAN PENICK
111 EAST MAIN STREET
RICHMOND VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
STAPLES, ROBERT R.
901 MOOREFIELD PK DR.
RICHMOND VA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

VST
Thomas M. Mishoe, Jr. ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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: *Robert R. Staples*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Staples

4-24-96

Date

804-560-8400

Daytime Phone #

CR2E034 (12/95)