
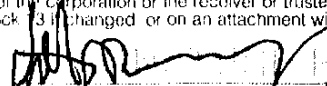


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 814497 (4)</b> 1. Corporation Name <b>ESKIMO PIE CORPORATION</b>					
Principal Place of Business <b>901 MOOREFIELD PK DR. RICHMOND VA 23236 US</b>			Mailing Address <b>PO BOX 26906 RICHMOND VA 23261-6906 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/18/1960</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>54-0571720</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32314</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CPE	<input type="checkbox"/> DELETE			
NAME	CLARK, DAVID V.				
STREET ADDRESS	901 MOOREFIELD PK DR.				
CITY- ST- ZIP	RICHMOND VA				
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	MISHOE, THOMAS M. JR				
STREET ADDRESS	901 MOOREFIELD PK DR.				
CITY- ST- ZIP	RICHMOND VA				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	HORNBEAK, CARL D.				
STREET ADDRESS	901 MOOREFIELD PK DR.				
CITY- ST- ZIP	RICHMOND VA				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	FERRYMAN, KIMBERLEY P				
STREET ADDRESS	901 MOOREFIELD PK DR.				
CITY- ST- ZIP	RICHMOND VA				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	WATKINS, JEAN PENICK				
STREET ADDRESS	111 EAST MAIN STREET				
CITY- ST- ZIP	RICHMOND VA				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	STAPLES, ROBERT R.				
STREET ADDRESS	901 MOOREFIELD PK DR.				
CITY- ST- ZIP	RICHMOND VA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	CPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Arnold H. Dreyfuss				
1.3 STREET ADDRESS	901 Moorefield Park Drive				
1.4 CITY- ST- ZIP	Richmond, VA 23236				
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 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:  <b>REQUIRED</b> 2/27/97 (804) 560-8448					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____					

CR2E034 (9/96)