

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90030 036 ***150.00

DOCUMENT # 814497

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

3. Date Incorporated or Qualified

06/18/1960

4. FEI Number

54-0571720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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	CD	<input type="checkbox"/> DELETE
NAME	ARNOLD H DREYGUSS	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA 23236	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MISHOE, THOMAS M. JR	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	DAVID B KEWER	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA 23236	
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	<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	CEO/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kewer, David
3.3 STREET ADDRESS	901 Moorefield Park Drive
3.4 CITY-ST-ZIP	Richmond, VA 23236
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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)