

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F92025** (8)

1. Corporation Name

MAGIC MILE DAIRY QUEEN, INC.



Principal Place of Business

**1212 SOUTH PARROTT
OKEECHOBEE FL 34974**

Mailing Address

**1212 SOUTH PARROTT
OKEECHOBEE FL 34974**

3. Date Incorporated or Qualified

07/26/1982

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2202356

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

9. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM & FUREN, P.A.
2041 MAIN STREET
SARASOTA FL 33577**

10. Name and Address of New Registered Agent

81 Name **Hubert S Phillips**
82 Street Address (P.O. Box Number is Not Acceptable)
1212 S Parrott Ave
83
84 City **Okeechobee** FL 85 Zip Code **34972**

11. Pursuant to the provisions of Sections 607.0507 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 607.0905, Florida Statutes.

SIGNATURE

Hubert S. Phillips

(Print, Type, or Stamp Agent's Name When Relinquishing)

Jan 20, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PHILLIPS, HUBERT S	
STREET ADDRESS	1212 SOUTH PARROTT	
CITY, ST, ZIP	OKEECHOBEE FL	
TITLE	VST	☐ DELETE
NAME	PHILLIPS, RACHEL D	
STREET ADDRESS	1212 S PARROTT	
CITY, ST, ZIP	OKEECHOBEE FL	
TITLE	D	☐ DELETE
NAME	PHILLIPS, RACHEL D	
STREET ADDRESS	1212 S PARROTT	
CITY, ST, ZIP	OKEECHOBEE FL	
TITLE	T	☐ DELETE
NAME	PHILLIPS, HUGH E	
STREET ADDRESS	1212 S PARROTT	
CITY, ST, ZIP	OKEECHOBEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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:

Hubert S. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 1996 941-763-6675
Date Daytime Phone

CR2E034 (12/95)