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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90121 029 ***150.00

DOCU	MENT # F92025			<u>-</u>	
i. Corpo atio	MILE DAIRY QUEEN, INC.				
IVIAGICI	VIILE DAINT QUEEN, INC.) (ADDIVĀDIJAS DIZB. 1631.A LIGAI ABJIR 1786). AIZI AZĀLI AZĀLI AZĀLI ALĀLI BIRLI BIRLI BIRLI BIRLI JAŠL
ĺ					
Principal Plac	e of Business	Mailing Address			
1212 SOUTH P		1212 SOUTH PARROTT			
OKEECHOBEE	FL 34974	OKEECHOBEE FL 34974			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed
}					07/26/1982
⊢	lace of Business	2a. Mailing Address		<u>-</u>	4. FEI Number Applied For
Suite, /vpt. #, etc.		Suite Act # etc			59-2202356 Not Applicable
22 Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & Stat	e	City & State			6 Floction Compaign Financing \$5.00 May Po
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	1		Perso nal Property Tax.
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
PHIL	Lips, Hubert S.			Name	
	2 S PARROTT AVENUE		82	Street A	et Aildress (P.O. Box Number is Not Acceptable)
OKEECHOBEE FL 34972			83		
{			84	City	FL S Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named o	ed or reporation submits this statement for the purpose of changing its registered
agent. La	egistered agent, or born, in the state c m familiar with, and accept the obligate	ons of, Section 607.0505, Florida	Statutes.	e carpa	rportition's board of directors. I hereby accept the appointment as registered
SIGNATUFE					
12.	Signature, typed or printed na ne of registered agent OFFICERS ANI		gis:ared Agen 13.	t signature re	e required when reinstating) ADDITI()NS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, HUBERT S		1.2 NAME	i	
STREET ADDRE IS	1212 SOUTH PARROTT		1.3 STREET	ADDRESS	s
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST	- ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	- 1	☐ Change ☐ Addition
NAME	PHILLIPS, RACHEL D		2.2 NAME		
STREET ADDRESS	1212 S PARROTT		2.3 STREET	- 1	S
CITY-ST-ZIP TITLE	OKEECHOBEE FL D	☐ DELETE	2. 4 CITY-S	1-ZIP	☐ Change ☐ Addition
NAME	PHILLIPS, RACHEL D		3.2 NAME		
STREET ADDRESS	1212 S PARROTT		3.3 STREET	ADDRESS .	s
CITY-ST-ZIP	OKEECHOBEE FL		3.4. CITY-S1	ì	
TITLE	T .	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, HUGH E		4. 2 NAME		
STREET ADDRESS	1212 S PARROTT		4.3 STREET	ADDRESS	s
C/TY-ST-ZIP	OKEECHOBEE FL		4.4 CITY-ST	ZIP	D Channel D Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	Ì	Change Addition
NAME STREET ADDRESS			5.3 STREET	ADDRESS	s
CITY-ST-ZIP			5.4 CITY-ST		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	s

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ar nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, 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:

CHATTER AND TYPED OR PRINTED NAME OFFICER OF DIRECTOR

4-24-99 941-713-667