FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:28

DOCUMENT # **F93000002702 (9)**

1. Corporation Name
FROZEN DESSERTS, INC.

Principal Place of Business	Mailing Address
135 WALTON ST. PORTLAND ME 04103	135 WALTON ST. PORTLAND ME 04103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/11/1993**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **01-0476801** ☐ 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

BROWN, GENE D
3848 KILLEARN COURT
TALLAHASSEE FL 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRES	☐ Change ☑ Addition
NAME	FELCH, DAVID	12 NAME	JOHN M BURNHAM	
STREET ADDRESS	4 TOWNVIEW ROAD	13 STREET ADDRESS	89 Hunter ST	
CITY-ST-ZIP	CARIBOU ME 04736	14 CITY-ST-ZIP	Hingham, MA 02043	
TITLE	DR Chrmn	21 TITLE	Treasurer	☐ Change ☑ Addition
NAME	DRAPE, ROBERT	22 NAME	DONALD LAVOIE	
STREET ADDRESS	8 RIP ROAD	23 STREET ADDRESS	7 Mill Ln	
CITY-ST-ZIP	HANOVER NH 03755	24 CITY-ST-ZIP	Windham ME 04062	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	IRVING, ROBERT	32 NAME		
STREET ADDRESS	WASHBURN ROAD, BOX 273	33 STREET ADDRESS		
CITY-ST-ZIP	CARIBOU ME 04736	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	IRVING, MARK	42 NAME		
STREET ADDRESS	56 ROTHERDALE ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	BREWER ME 04412	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SODERBERG, CARL	52 NAME		
STREET ADDRESS	MITCHELL ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	CARIBOU ME 04736	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SODERBERG, LISA	62 NAME		
STREET ADDRESS	MITCHELL ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	CARIBOU ME 04736	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)(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: Donald Lavoie DONALD LAVOIE Treasurer 1/10/95 207-772-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0403703 FN