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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400001892 (8)

GREENWOOD ICE CREAM COMPANY LTD, INC.

Principal Prace of Business 4829 PEACHTREE RD. ATLANTA GA 30341		Mailing Address 4829 PEACHTREE RD. ATLANTA GA 30341-3113			
				3. Date Incorporated or Qualifie 04/13/1994	od 3a. Date of Last Report 04/04/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-1302929	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	······································	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country		for intangible tax under s. 199.032.
24	25 25 Name and Address of Curre	29 30	<u> </u>	Florida Statutes  10. Name and Address of New	Yes V No
	LIAMS, RICHARD		81 Name	111 R. L.	7
	07 ORANGE GROVE CT.	address change	82 Street Add	AUTHORY	J
TAN	MPA FL 33618	ch 9 172		ess (P.O. Box Number is Not Accep	
		only	83		
		<i>" / " / "</i>	64 City ode		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes	the above-named cord	oration submits this statement for the	he purpose of changing its registered
office or i	registered agent, or both in the Sta	te of Florida, Such change was aut	horized by the corporat	tion's board of directors. I hereby ac	ne purpose of changing its registered coept the appointment as registered
SIGNATURE	R Ne	Kichard 4	11.93 1		1/8/97
		<del></del>	logistered Agent signature requir		DATE
<b>12.</b>   ]∴[[	OFFICERS A	ND DIRECTORS DELETE	13. 1.1 WILE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12  Change Addition
NSME	WILLIAMS, MITCHELL	<u></u>	1.2 NAME		
STELLE ADORESS	2477 KINGS ARMS DRIVE		1.3 STREET ADDRESS		
City-St-ZiF	ATLANTA GA		1.4 C(TY-ST-Z)P		
THILF	D ATTOCKT BAREAT	L) DELETE	2.1 THILE		Change Addition
NAME	STREET, ROBERT 4829 PEACHTREE RD		2.2 NAME		
STREET ADORESS	ATLANTA GA		2.3 STREET ADDRESS		
CHY-St Zir T-HF		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAM:			3.2 NAME		
SIRE-1 ADDRESS			3 3 STREET ADDRESS		
CHY 51-76			3 4. CITY - ST - ZIP		Change Addition
101,6		☐ DELETE	4.1 TITLE		Change Li Addition
NAME CONCLARAGORE			4 2 NAME 4 3 STREET ADDRESS		
STREET ADORESS: CITY - ST. ZVP			4.4 CITY-SY-ZIP		
THE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-\$1-70		Floriete	5.4 CITY-ST-ZIP		Change Addition
TIME		DELETE	6 1 TITLE 6 2 NAME		Et Augusto Et vontroit
NAME CONTRACTOR			6.2 NAME		

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 changes, or on an attachment with an address of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name