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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H63262

(0)

1. Corporation Name

STAR'S FROZEN YOGURT, INC.



Principal Place of Business

10023 N.DALE MABRY
TAMPA FL 33618

Mailing Address

10023 N.DALE MABRY
TAMPA FL 33618-4409

3. Date Incorporated or Qualified

06/24/1985

3a. Date of Last Report

07/12/1996

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

24

25

29

30

4. FEI Number

59-2546135

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

HERRLIN, RALPH
1480 GULF BLVD.
#309
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name

Rich Williams

82 Street Address (P.O. Box Number is Not Acceptable)

207 Chapman Rd W.

83

84 City

Lutz

FL

85 Zip Code

33549

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

Rich Williams
Signature of registered or proposed agent or director of applicable

President
(NOTE: Registered Agent signature required when reinstating)

3/4/97
Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRLIN, RALPH C.
STREET ADDRESS 1480 GULF BLVD, SUITE #309
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE STD
NAME WILLIAMS, RICH
STREET ADDRESS 207 CHAPMAN RD W
CITY-ST-ZIP LUTZ FL

☐ DELETE

TITLE D
NAME HERRLIN, DORIS N
STREET ADDRESS 1480 GULF BLVD, SUITE #309
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PD* ☒ Change ☐ Addition

1.2 NAME *Herrlin, Ralph C.*

1.3 STREET ADDRESS *80 Rogers St. #913*

1.4 CITY-ST-ZIP *Clearwater, FL 34616*

2.1 TITLE *STD* ☒ Change ☐ Addition

2.2 NAME *Williams, Rich*

2.3 STREET ADDRESS *207 Chapman Rd W.*

2.4 CITY-ST-ZIP *Lutz, FL 33549*

3.1 TITLE *D* ☒ Change ☐ Addition

3.2 NAME *Herrlin, Doris N*

3.3 STREET ADDRESS *80 Rogers St. #913*

3.4 CITY-ST-ZIP *Clearwater, FL 34616*

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

Rich Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97
Date

(913) 968-8015
Daytime Phone #

CR2E034 (9/96)