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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K87657



Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-29-1999 90012 046 ***150.00

CARBER	RY'S HOMEMADE ICE CREA	AM, INC.								
Principal Place 42 ROSE STRE MERRITT ISLAN US	ET	Mailing Address 42 ROSE STREET MERRITT ISLAND FL 32953 US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 05/12/1989				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		-	plied For	
21		26				59-2947611			t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	O	\$8.75 <i>∤</i> Fee:Re		-20
City & State	Α	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip Country				8. This corporation owes the current				
24	25	29	30	_	-	Personal Property Tax. 10. Name and Address of New Re		Yes	□No	
	9. Name and Address of Current	Kegisterea Agent		81	Name	IV. Italie and Address of fice No	giotorou /			
CAR	BERRY, STEPHEN R.			82	Ctroot Addre	ess (P.O. Box Number is Not Acceptable	<u>e)</u>			
	PATRICK AVE.				Sileet Addre	SS (F.O. Box Number is Not Acceptable				
MER	RITT ISLAND FL 32953			83						
				84	City		FL	85 Zip (Code	
44 - D	to the provinces of Sections 607 0502	and 607 1508 Flori	ta Statutes the	abovi	e-named corno	pration submits this statement for the pu	imose of c	nanging its	registered	
-40	registered agent, or both, in the State of me familiar with, and accept the obligation	f Elocida, Such chan	10 Was alithari70	หากข	the comporation	n's board of directors. I hereby accept	the appoint	ment as re	gistered	
	m lamiliar with, and accept the bongar	ons of, oecdon dor.	,000, 1 1011da Oil	,	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.			nt signature required		DATE	B-DE-0T-0		á
12.	OFFICERS AND		13	_		ADDITIONS/CHANGES TO OFFI		☐ Change	Addition	7
TITLE	VD			1.1 TITLE 1.2 NAME						-
NAME	CARBERRY, STEPHEN R. 265 PATRICK AVE.			1.3 STREET ADDRESS						6
STREET ADDRESS CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CiTY-ST-ZiP						5
TITLE			2.1 TITLE				Change	☐ Addition	(
NAME			2.2 NAME							
STREET ADDRESS	265 PATRICK AVE.		2.3 STREET ADDRESS			•		•		
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-S				El-Christon	- Addition	=
`mr:		<u> </u>	F	fine ^s			-	☐ Change		
NAME	!		NAME etdee	T ADDRESS	•					
STREET ADDRESS				CITY-S						
CITY-ST-ZIP TITLE				TITLE	71-63			Change	☐ Addition	
NAME				NAME						
STREET ADDRESS			4.3	STREE	TADORESS					ļ
CITY-ST-ZIP	4.4			CITY-S	T-ZIP					
TITLE			TITLE				Change	☐ Addition]	
NAME				NAME						
STREET ADDRESS	{		1		TADDRESS					}
CITY-ST-ZIP			5.4	CITY-S	T-ZIP					1
TITLE					 			Change	☐ Addition	1
			ELETE 6.1	TITLE				Change	Addition	
NAME		_ D	ELETE 6.1 6.2	TITLE NAME	TADDRESS			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	ELETE 6.1 6.2 6.3	TITLE NAME	T ADDRESS			☐ Change	Addition	

14. I 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, with all other like empowered.

SIGNATURE: