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

APPROVED AND FILED
95 APR 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57385** **(1)**

1. Corporation Name
WEST COAST TREATS, INC.

100001469141
-05/01/95--01049--001
***1200.00 ****200.00

Principal Place of Business	Mailing Address
DAIRY QUEEN #12596 1024 62ND STREET NORTH ST PETERSBURG FL 33702 US	POST OFFICE BOX 22095 ~~P.O. BOX 98~~ ST PETERSBURG FL 33742 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1990
3a. Date of Last Report: 04/15/1994

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: 59-3005954 ☐ 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

MASCARA, ERNEST L.
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG FL 33702

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 Ernest L Mascara 4/25/95
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	GREEN, JEFFREY B.	12 NAME	
STREET ADDRESS	~~85 HARBORVIEW DRIVE, UNIT 200~~	13 STREET ADDRESS	1995 GOLFVIEW DRIVE
CITY-ST-ZIP	~~RACINE WI~~	14 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	DUSEK, JONATHAN T.	22 NAME	
STREET ADDRESS	100 1 AVE NE #2306	23 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	24 CITY-ST-ZIP	CEDAR RAPIDS, IA 52401
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BERGEN, ROBERT E	32 NAME	
STREET ADDRESS	9918 NORTH LAMPLIGHTER LANE	33 STREET ADDRESS	
CITY-ST-ZIP	~~MAQUIN WI~~	34 CITY-ST-ZIP	MEQUON, WI 53092
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	JPM 4/27 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Jeffrey B. Green, President 4/24/95 (813) 738-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JEFFREY B. GREEN, PRESIDENT

0312107 CP