FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # Corporation Name WEST COAST TREATS, INC. Mailing Address Principal Place of Business DAIRY QUEEN #12596 POST_OFFICE_BOX_22095 P.O. ROY 00 4024 62ND STREET NORTH ST PETERSBURG FL 30742 ST PETERSBURG FL 33702 3. Date Incorporated or Qualified 3a. Date of Last Report 04/27/1995 03/15/1990 4. FE! Number 2. Principal Place of Business Applied For 2a. Mailing Address 59-3005954 1024 62 nd Ave. N. Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 P.O.BOX 22095 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing St. Petershorg , Added to Fees Trust Fund Contribution St. Petusb Country 8. This corporation has liability for intangible tax under s 199.032, Yes □ No 33742 Florida Statutes 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MASCARA, ERNEST L. Street Address (P.O. Box Number is Not Acceptable) 82 **GLADES BUILDING, SUTIE 303** 83 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702 Zip Code 84 85 City 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 (NCTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. [] DELETE ☐ Change ☐ Addition 1. 1 TITLE TITLE GREEN, JEFFREY B NAME 1.2 NAME 1995 GOLFVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS **DUNEDIN FL 34698** 1.4 CITY - ST- ZIP CITY-ST-ZIP Change ____ Addition DELETE 2.1 TITLE TITLE DUSEK, JONATHAN T 2.2 NAME NAME 4293 Fox Meadow Dr. SE cedar Rapids, IA 52403 400-1-AVE NE-42306 2 3 STREET ADDRESS STREET ADDRESS -CEDAR RAPIDS IA 82401 24 CITY - ST - ZIP -City-St-ZiP TT DELETE Addition 3 1 TITLE BERGEN, ROBERT E 3.2 NAME NAME 9918 NORTH LAMPLIGHTER LANE 3.3 STREET ADDRESS STREET ADDRESS -MAQUIN WI 53002 MEQUON, WI 53092 3.4 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5 1 11TLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6. 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-7IP

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)(k), 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

SIGNATURE:

appears in Block 12 or Block 3 if changed,

CITY - ST-ZIP

IGNATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

on an attachment with an address.

President 4/24/95

414/633-3340

Daytinie Phone

(12/95)

CR2E034