

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90050 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P16770

1. Corporation Name  
TCBY SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
425 W CAPITOL SUITE 1100 #1200 LITTLE ROCK AR 72201 US

Mailing Address  
425 W CAPITOL SUITE 1100 #1200 LITTLE ROCK AR 72201 US

3. Date Incorporated or Qualified  
11/10/1987

4. FEI Number  
71-0560662

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	JAMES H. FINK	
STREET ADDRESS	5912 BUFFALO RIVER	
CITY-ST-ZIP	NO LITTLE ROCK AR	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HERREN C. HICKINGBOTHAM	
STREET ADDRESS	23 HICKORY HILLS CIR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	SAHENE, JAMES	
STREET ADDRESS	38 MASTERS PLACE	
CITY-ST-ZIP	MAUMELLE AR	
TITLE	DSGC	<input type="checkbox"/> DELETE
NAME	WILLIAM P. CREASMAN	
STREET ADDRESS	12 BARBER DRIVE	
CITY-ST-ZIP	MAUMELLE AR	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WINTERS, WALT	
STREET ADDRESS	25 CLUB MANOR	
CITY-ST-ZIP	MAUMELLE AR	
TITLE		<input type="checkbox"/> DELETE
NAME	SEE LIST ATTACHED	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: JOHN ROGERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
Date

501-688-8729  
Daytime Phone #

CR2E034 (11/98)