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PROFIT CORPORATION ANNUAL REPORT

1996



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

Ul 2/206 pd 2/26/96

DOCUMENT #

1. Corporation Name

P92000012611 (9)

RICH & CREAMY ICE CREAM PARLOR, INC.

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| Principal Place of Business Mailing Address | | | | | | | E 0 90 0 5 | | | | |
|--|---|--|--|--|---|--|---|----------------------------|--------------------------|--------------------------------------|--|
| 215 N ATLANTIC AVE DAYTONA BEACH FL 32118 | | 215 N ATLANTIC AVE DAYTONA BEACH FL 32118 | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | 3a. Date | of Last F | Report | |
| | | | | | | | 01/01/1993 | | 02/14/ | 1995 | |
| 2. Principal Place of Business | | 2a. Mailing Address | in the house of the second | | | | 4. FEI Number | | | Applied For | |
| 21 | | — - 1 - 1 | 26 | | | | 59-3156769 No | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional | | |
| City & State | 3 | City & State | City & State | | | | 6 Florian Campaign Francisco | | | Required | |
| 23 | | 28 | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be | | | |
| Zip | Country | Zip | Cou | untry | | | 8. This corporation has liability for | intangible ta | | | |
| 24 | 25 | 29 | <u>├</u> ─┐ | | | | Florida Statutes V Yes No | | | | |
| <u> </u> | nt Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | 81 | Name |) | | | | | |
| | ., RICHARD S | | | 82 | Stree | t Addres | s (P.O. Box Number is Not Acceptab | le) | • | | |
| | NATLANTIC AVE | | | | | | | | | | |
| DAYT | ONA BEACH FL 32118 | | | 83 | | | | | | | |
| | | | | 84 | City | | | - | 85 Z | ip Code | |
| 11 Purcuant | to the provisions of Section 607.050 | 0 and 007 1000 Fb / la Cut | | <u> </u> | | | | <u>FL</u> | . | · | |
| l or register | to the provisions of Sections 607.050 eo agent, or both, in the State of Flor | ilda. Sucri change was authori | zed by the (| corp | ration' | corporati s board | on submits this statement for the pur of directors. I hereby accept the appo | pose of cha pintment as | anging its registered | registered office d agent. am | |
| i familiar wi | th, and accept the obligations of, Sec | thon 607.0505, Florida Statute | is. | | | | | | J | | |
| SIGNATURE : | Signature: typed or printed name of registereo agen | stand tilk if applicates (N | DTE Registeres | 1 Aner | Esianatus | - Geniral O | trong compositions of | DA'E | | | |
| 12. | | ND DIRECTORS | 13. | | - Ingritter | | ADDITIONS/CHANGES TO OFF | | DIRECTO | ORS IN 12 | |
| TITLE | D | DELETE | 1. 1 T | -TLF | | T | | [| Change | Addition | |
| NAME | THIEL, RICHARD S | | 1.2 N | AM: | | ľ | | | | | |
| STHEEF ADDRESS 6207 OAK RIVER TER | | | 1.3 S) | | 1.3 STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | PORT ORANGE FL 32127 | | 1.4.0 | ITY - S | I - ZIF | | | | | | |
| ן זוינ נ | D | ☐ DELETE | . 211 | HEE. | | | | | Change | ☐ Addition | |
| NAME | THIEL, CONNIE A | | 2.2 N. | AMF | | | | | | | |
| STREET ADDRESS | 6207 OAK RIVER TER | | 1 | | ADORESS | | | | | | |
| CiTY-ST-ZiP TiTLE | PORT ORANGE FL 32127 | DELETE | | ITY-S | I - ZIP | | | | 7.0 | | |
| NAME | | Попец | 3 1 7 3 2 N | | | | | L | _] Change | Addition | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY ST-ZIP | | | i i | ITY-S | | '[| | | | ļ | |
| TITLE | | ☐ DELETE | 4. 1 T | | . <u>F</u> .'' | 1 | | 1 | 7 Change | Addition | |
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| NAME | | | 5.2 N | AME | | 1 | | | | | |
| STREET ADDRESS | | | 538 | TREET | ADDRESS | | | | | | |
| CITY-S1-ZIP | | | | TY-S | 1 - Z.P | | | | | | |
| TITLE | | DELETE | 617 | | | 1 | | [| Change | Addition | |
| NAME | | | 62 N | | | | | | | | |
| STREET ADDRESS | | | • | | ADDRESS | 1 | | | | | |
| CITY-ST ZIP | y certify that the information curvaled | and Alaka Charles and Alaka Charles | 640 | TY-\$ | - 7IP | | | | | | |

• 4 CHY-ST-7P |

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-27-96

704-258-164

R2E034 (12/95)