# 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

95 MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000803 (5)

1. Corporate Name

CLARKE ICE CREAM COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 2801 OCEAN DRIVE<br>SUITE 203<br>VERO BEACH FL 32963 | 2801 OCEAN DRIVE<br>SUITE 203<br>VERO BEACH FL 32963 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 01/06/1993 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 06-1361992 | 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| 24 / 25 | 29 / 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | TITLE | ☐ Change ☐ Addition |
| NAME | CLARKE, HENRY D | NAME | |
| STREET ADDRESS | 271 LLWYD'S LN | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BCH FL | CITY-ST-ZIP | |
| TITLE | DVP | TITLE | ☐ Change ☐ Addition |
| NAME | CLARKE, ROBERT H. | NAME | |
| STREET ADDRESS | 1120 NEAR OCEAN DR | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BCH FL | CITY-ST-ZIP | |
| TITLE | DVP | TITLE | ☐ Change ☐ Addition |
| NAME | CLARKE, MICHAEL W. | NAME | |
| STREET ADDRESS | 975 PINE WALK CT. NE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | CITY-ST-ZIP | |
| TITLE | DS | TITLE | ☐ Change ☐ Addition |
| NAME | HARRIS, WILMOT L.JR. | NAME | |
| STREET ADDRESS | 170 MASON ST | STREET ADDRESS | |
| CITY-ST-ZIP | GREENWICH CT | CITY-ST-ZIP | |
| TITLE | T | TITLE | ☐ Change ☐ Addition |
| NAME | MARGRANDER, CYNTHIA M. | NAME | |
| STREET ADDRESS | 930 32ND AVE | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BCH FL | CITY-ST-ZIP | |
| TITLE | DCOB | TITLE | ☐ Change ☐ Addition |
| NAME | SANTERRE, L. JAMES | NAME | |
| STREET ADDRESS | 180 BEACON STREET APT 1F | STREET ADDRESS | |
| CITY-ST-ZIP | BOSTON MA | 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(1), 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: Robert H. Clarke (407) 231-6556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0072310 CP

**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

9:15

TALLAHASSEE FLORIDA

DOCUMENT # P93000001466 (0)

1. Corporate Name

INTERIOR EXPRESSIONS, INC.

Principal Place of Business: 2120 C WHITFIELD PKLOOP, SARASOTA FL 34243, US

Mailing Address: 1648 MAIN ST, SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business

21 2120 D WHITFIELD PkLoop

22 Suite, Apt. # etc.

23 City & State: SARASOTA, FL

24 Zip: 34243

25 County: MANATEE

2a. Mailing Address

26

27 Suite, Apt. # etc.

28 City & State

29 Zip

30 Country

4. FEI Number: 65-0380106 — 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. The corporation has satisfied the intangible tax obligations of Florida statutes. [✓] Yes [ ] No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RASHKIN, SHARI S<br>1648 MAIN ST.<br>SARASOTA FL 34236 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1 TITLE | [ ] Change [ ] Addition |
| NAME | REMSNYDER, GERALD W | 1 NAME | |
| STREET ADDRESS | 3012 33RD AVE. WEST | 1 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34205 | 1 CITY-ST-ZIP | |
| TITLE | D | 2 TITLE | [ ] Change [ ] Addition |
| NAME | GIVEN, GARY J | 2 NAME | |
| STREET ADDRESS | 5404 13TH AVE. DRIVE WEST | 2 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34209 | 2 CITY-ST-ZIP | |
| TITLE | D | 3 TITLE | [ ] Change [ ] Addition |
| NAME | BOLDT, EVELYN G | 3 NAME | |
| STREET ADDRESS | 514 ST ANDREWS DR. | 3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34243 | 3 CITY-ST-ZIP | |
| TITLE | | 4 TITLE | [ ] Change [ ] Addition |
| NAME | | 4 NAME | |
| STREET ADDRESS | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | | 4 CITY-ST-ZIP | |
| TITLE | | 5 TITLE | [ ] Change [ ] Addition |
| NAME | | 5 NAME | |
| STREET ADDRESS | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 CITY-ST-ZIP | |
| TITLE | | 6 TITLE | [ ] Change [ ] Addition |
| NAME | | 6 NAME | |
| STREET ADDRESS | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Evelyn G. Boldt, Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN G. BOLDT,

Date: 3/14/95

Daytime Phone: 813-755-5583

0341000 CP