FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000000803 (5)**

1. Corporation Name

CLARKE ICE CREAM COMPANY

Principal Place of Business	Mailing Address
2801 OCEAN DRIVE SUITE 203 VERO BEACH FL 32963	2801 OCEAN DRIVE SUITE 203 VERO BEACH FL 32963

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 05/11/1995

2. Principal Place of Business	2a. Mailing Address
21 2550 Kirby Ave, NE	26 2550 Kirby Ave, NE
Suite Apt #, etc. 22 Suite 206	Suite, Apt. #, etc. 27 Suite 206
City & State 23 Palm Bay FL	City & State 28 Palm Bay FL
Zip 24 32905	Zip 29 32905
Country 25 Brevard	Country 30 Brevard

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 (Signature, typed or printed name of Changing Registered Agent and Title, if applicable) (NOTE: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DCOB	☒ Change ☐ Addition
NAME	CLARKE, HENRY D		1.2 NAME		
STREET ADDRESS	271 LLWYD'S LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		1.4 CITY ST ZIP		
TITLE	DVP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, ROBERT H.		2.2 NAME		
STREET ADDRESS	1120 NEAR OCEAN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		2.4 CITY ST ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE	DVPT	☒ Change ☐ Addition
NAME	CLARKE, MICHAEL W.		3.2 NAME		
STREET ADDRESS	975 PINE WALK CT. NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY ST ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, WILMOT L.JR.		4.2 NAME		
STREET ADDRESS	170 MASON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		4.4 CITY ST ZIP		
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARGRANDER, CYNTHIA M.		5.2 NAME		
STREET ADDRESS	930 32ND AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		5.4 CITY ST ZIP		
TITLE	DCOB	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANTERRE, L. JAMES		6.2 NAME		
STREET ADDRESS	180 BEACON STREET APT 1F		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		6.4 CITY ST ZIP		

CR2E034 (12/95)

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: Henry D. Clarke Jr. 4/30/96 407 725 7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRY D. CLARKE, JR.