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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P93000000803 (5)

CLARKE ICE CREAM COMPANY

Principal Place of Business CLARKE ICE CREAM COMPANY MOS KINDY N.E. NUTT 107 1627 U.S. 1 - #20 DO NOT WRITE IN THIS SPACE PALM DAY PL 32905 SEBASTIAN, FLORIDA 32958 3. Date Incorporated or Qualified <u>01/06/1993</u> ✓ Applied For 2. Principal Place of Business 2a. Mailing Address บีร-1 US-1 Not Applicable ********* 06-1361992 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 8. This corporation owes or has paid the current year Intangible Country Country Zip ☐ Yes Personal Property Tax due June 30 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** TALLAHASSEE FL 32301 Zip Code City 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change TITLE 1.1 TITLE NAME CLARKE, HENRY D 1.2 NAME 271 LLWYD'S LN STREET ADDRESS 1.3 STREET ADDRESS vero BCH FL CITY-ST-7IP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE GREEN, MARVIN 2.2 NAME NAME **TUCKERSTOWN** STREET ADDRESS 2.3 STREET ADDRESS **BERMUDA** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THILE 3.1 TITLE HARRIS, WILMOT L.JR. NAME 3.2 NAME 170 MASON ST 3.3 STREET ADDRESS STREET ADDRESS **GREENWICH CT** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE CLARKE, DONNA L 4.2 NAME NAME 271 LLWYDS LN. STREET ADDRESS 4.3 STREET ADDRESS VERO BEACH FL 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6 1 TIME ☐ Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplimental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/9/98

FILED

Apr 16 1998 8:00am

Secretary of State