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 AND FILED

95 APR 27 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004922 (9)**

1. Corporation Name

B C H TREATS, INC.

Principal Place of Business	Mailing Address
DAIRY QUEEN #13336 3101 66TH STREET NORTH ST PETERSBURG FL 33710 US	POST OFFICE BOX 22095 ST PETERSBURG FL 33742 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 04/15/1994

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

4. FEI Number: 59-3159809 ☐ 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	10. Name and Address of New Registered Agent
MASCARA, ERNEST L GLADES BUILDING, STUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	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: Ernest L Mascara — 4/25/95
Signature, typed or printed name of registered agent and date of appointment (NOTE: Required Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition P
NAME	~~BREEN, JEFFREY B~~	12 NAME	Green, Jeffrey B.
STREET ADDRESS	~~36 HARBORVIEW DRIVE, UNIT 200~~	13 STREET ADDRESS	1995 Golfview Drive
CITY ST ZIP	~~RACINE WI~~	14 CITY ST ZIP	Dunedin, Florida 34698
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	DUSEK, JONATHAN T	22 NAME	
STREET ADDRESS	100 1ST AVE NO. EA	23 STREET ADDRESS	
CITY ST ZIP	CEDAR RAPIDS IA 52401	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	SEAMANDS, O.H.	32 NAME	800001469148
STREET ADDRESS	40 CAMELIA COURT	33 STREET ADDRESS	-05/01/95--01049--001
CITY ST ZIP	OLDSMAR FL 34677	34 CITY ST ZIP	***1200.00 ****200.00
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	BERGEN, ROBERT E	42 NAME	
STREET ADDRESS	9918 NO. LAMPIGHTER LANE	43 STREET ADDRESS	
CITY ST ZIP	MEQUON WI 53092	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DR 4/27
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(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.

SIGNATURE: John G. Green, Pres. 4/24/95 (813) 738-4400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Telephone Number
JEFFREY B. GREEN, PRESIDENT

0312100 CP