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Jun 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000004922 (9)

1. Corporation Name  
B C H TREATS, INC.



Principal Place of Business

DAIRY QUEEN  
440000  
ST PETERSBURG FL 33740-  
48--

Mailing Address

POST OFFICE BOX 22095  
ST PETERSBURG FL 33742-2095  
US

2. Principal Place of Business

21 3101 66th Street N.

Suite, Apt. #, etc.

22 DAIRY QUEEN

City & State

23 St Petersburg, FL

Zip

24 33710

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

05/01/1996

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

MASCARA, ERNEST L  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST PETERSBURG FL 33702

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GREEN, JEFFREY B  
STREET ADDRESS 1995 GOLFVIEW DRIVE--  
CITY-ST-ZIP DUNEDIN FL 34096

TITLE ST ☐ DELETE

NAME DUSEK, JONATHAN T  
STREET ADDRESS 4200 FOX MEADOW DRIVE, SE  
CITY-ST-ZIP CEDAR RAPIDS IA

TITLE VP ☐ DELETE

NAME SEAMANDS, O.H.  
STREET ADDRESS 40 CAMELIA COURT  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE VP ☐ DELETE

NAME BERGEN, ROBERT E  
STREET ADDRESS 9918 NO. LAMPIGHTER LANE  
CITY-ST-ZIP MEQUON WI 53092

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME GREEN, JEFFREY B.  
1.3 STREET ADDRESS 1307 SOUTH MAIN STREET  
1.4 CITY-ST-ZIP RACINE, WI 53403

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME DUSEK, JONATHAN T.  
2.3 STREET ADDRESS 4293 FOX MEADOW DRIVE, SE  
2.4 CITY-ST-ZIP CEDAR RAPIDS, IA 52403

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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

SIGNATURE

CR2E034 (9/96)