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
FILED
95 MAY -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037401 (5)

1. Corporation Name
ANGI'S FROZEN CUSTARD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
415C MARY ESTHER CUTOFF FT. WALTON BEACH FL 32547	909 MAR WALT DR STE 1014 FT WALTON BEACH FL 32547

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3184337 ☐ 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

MCINNIS, C. JEFFREY
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D ☒ Change ☐ Addition
NAME	MASON, DAVID SR.	1.2 NAME	Mason, David R. SR
STREET ADDRESS	273 FLORIDA AVE.	1.3 STREET ADDRESS	273 Florida Ave
CITY-ST-ZIP	VALPARAISO FL 32580	1.4 CITY-ST-ZIP	Valparaiso Fl 32580
TITLE	DPCS	2.1 TITLE	D/P/C ☒ Change ☐ Addition
NAME	MASON, DAVID JR.	2.2 NAME	Mason, David R. JR
STREET ADDRESS	273 FLORIDA AVE	2.3 STREET ADDRESS	273 Florida Ave
CITY-ST-ZIP	VLPARAISO FL 32580	2.4 CITY-ST-ZIP	Valparaiso Fl 32580
TITLE	DVT	3.1 TITLE	☒ Change ☐ Addition
NAME	GANN, JAY D	3.2 NAME	Gann Jay D. (no Longer a Member
STREET ADDRESS	P.O. BOX 10077 N/A	3.3 STREET ADDRESS	Po Box 10077 of the Corporation)
CITY-ST-ZIP	SPRINGFIELD MO 65808	3.4 CITY-ST-ZIP	Springfield Mo 65808
TITLE		4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	Dorothy R. Mason
STREET ADDRESS		4.3 STREET ADDRESS	273 Florida Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Valparaiso Fl 32580
TITLE		5.1 TITLE	S ☐ Change ☒ Addition
NAME		5.2 NAME	Deborah J. Mason
STREET ADDRESS		5.3 STREET ADDRESS	273 Florida Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Valparaiso Fl 32580
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: David R Mason Jr 4/28/95 904-243-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP