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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14

DOCUMENT # P93000067852 (2)

1. Corporation Name
ROYAL KING ICE CREAM, INC.

Principal Place of Business	Mailing Address
6630 CRISTINA MARIE DR ORLANDO FL 32811	420 N KIRKMAN RD. ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business
21: 420 N. Kirkman Rd
22 Suite, Apt #, etc:
23 City & State: Orlando Fla.
24 Zip: 32811
25 Country: orange

2a. Mailing Address
26:
27 Suite, Apt #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3232080 ☐ 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
FLOOD, BARRY A
6630 CRISTINA MARIE DR
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name: Christopher J. Flood
82 Street Address (P.O. Box Number is Not Acceptable): 6630 Cristina Marie DR.
83
84 City: Orlando FL 85 Zip Code: 32835

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: Christopher J. Flood — DATE: 3-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FLOOD, BARRY A	1.2 NAME	
STREET ADDRESS	6630 CRISTINA MARIE DR	1.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32811	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	President ☑ Change ☐ Addition
NAME	FLOOD, PATRICIA J	2.2 NAME	PATRICIA J Flood
STREET ADDRESS	6630 CRISTINA MARIE DR	2.3 STREET ADDRESS	420 N. Kirkman Rd
CITY ST ZIP	ORLANDO FL 32811	2.4 CITY ST ZIP	Orlando - Fla - 32811
TITLE		3.1 TITLE	Vice-President ☐ Change ☑ Addition
NAME		3.2 NAME	Christopher Flood
STREET ADDRESS		3.3 STREET ADDRESS	420 N Kirkman Rd
CITY ST ZIP		3.4 CITY ST ZIP	orlando - Fla. 32811
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
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)(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: Patricia J Flood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1995 — Date
407-292-5464 — Daytime Phone #

0069619 CP