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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000067852 (2)**

1. Corporation Name

ROYAL KING ICE CREAM, INC.

Principal Place of Business	Mailing Address
420 N. KIRKMAN RD ORLANDO FL 32811 US	420 N KIRKMAN RD. ORLANDO FL 32811

3. Date Incorporated or Qualified: **09/23/1993**
3a. Date of Last Report: **03/31/1995**

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

	2. Principal Place of Business	2a. Mailing Address
21/26	2457 A S. Hiawassee Rd	2457 A S Hiawassee Rd
22/27	Suite, Apt. #, etc. 329	Suite, Apt. #, etc. 329
23/28	City & State Orlando	City & State Orlando
24/29	Zip 32835	Zip 32835
25/30	Country Orange	Country Orange

9. Name and Address of Current Registered Agent

CHRISTOPHER J. FLOOD
6630 CRISTINA MARIE DR.
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: PATRICIA Flood
82 Street Address (P.O. Box Number is Not Acceptable): 2457 A. South Hiawassee Rd
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: Patricia Flood — 5/23/96
Signature, typed or printed name of registered agent, and title, if applicable — (DATE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOOD, BARRY A 6630 CRISTINA MARIE DR ORLANDO FL 32811	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition D Flood, Barry 2457 A South Hiawassee Rd Orlando Fla 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLOOD, PATRICIA J 420 N. KIRKMAN RD ORLANDO FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition P Flood, PATRICIA 2457 A South Hiawassee Rd Orlando - Fla 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTOPHER FLOOD 420 N. KIRKMAN RD ORLANDO FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 Flood — May 23-1996 — 407-292-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)