

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000078546 (6)

1. Corporation Name

WHISTLE STOP ICE CREAM, INC.



Principal Place of Business
915 MAIN STREET
SAFETY HARBOR FL 34695

Mailing Address
915 MAIN STREET
SAFETY HARBOR FL 34695

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
04/17/1995

4. FEI Number

59-3279953

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

AUGUSTINO, DAWN
915 MAIN STREET
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name Joseph AUGUSTINO

82 Street Address (P.O. Box Number is Not Acceptable)

915 Main Street

83

84 City

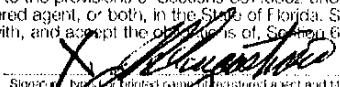
SAFETY HARBOR

FL

34695

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, printed name of registered agent and his or her title

NOTE: Registered Agent signature required when re-assigning

DATE

5/18/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

DELETE

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

DELETE

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

DELETE

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

DELETE

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

DELETE

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

DELETE

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

DELETE

800001836538

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Change Addition

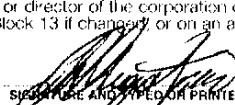
***238.75

 Change Addition

5/23/96

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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96 83 726 1986

Date Day/Line Phone #

CR2E034 (12/95)