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Jun 05 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 # P94000082502 (3)

1. Corporation Name
TROPICAL FREEZE, INC.

Principal Place of Business	Mailing Address
C/O TASTEE FREEZE 4900 MOBILE HWY. PENSACOLA FL 32506	C/O TASTEE FREEZE 4900 MOBILE HWY. PENSACOLA FL 32506-3230

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

3. Date Incorporated or Qualified 11/02/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3289831	☐ 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

BAKER, W. MICHAEL
1230 BRIDGE CREEK TERRACE
PENSACOLA FL 32506

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 W. Michael Baker 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVT	☐ DELETE	1.1 TITLE	703 N. 75th AVE	☑ Change ☐ Addition
NAME	BAKER, W. MICHAEL		1.2 NAME	PENSACOLA, FL 32506	
STREET ADDRESS	14009 PERDIDO KEY DR., #206		1.3 STREET ADDRESS	~~1230 BRIDGE CREEK TERRACE~~	
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY-ST-ZIP	~~PENSACOLA, FL 32506~~	
TITLE	S	☐ DELETE	2.1 TITLE	703 N. 75th AVE	☑ Change ☐ Addition
NAME	BAKER, W. MICHAEL		2.2 NAME	PENSACOLA, FL 32506	
STREET ADDRESS	14009 PERDIDO KEY DR., #206		2.3 STREET ADDRESS	~~1230 BRIDGE CREEK TERRACE~~	
CITY-ST-ZIP	PENSACOLA FL 32507		2.4 CITY-ST-ZIP	~~PENSACOLA, FL 32506~~	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: W. Michael Baker 5/29/31 904453-2592