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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000017222 (7)**

1. Corporation Name

**TROPICAL ICE TREATS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 123 WHITECAP CIRCLE<br>MAITLAND FL | 123 WHITECAP CIRCLE<br>MAITLAND FL |

3. Date Incorporated or Qualified: **03/01/1995**

3a. Date of Last Report: NONE, NEW

2. Principal Place of Business
21 HOME DEPOT
22 Suite, Apt. #, etc: West Colonial
23 City & State: ORLANDO, FLORIDA
24 Zip:
25 Country: U.S.A.

2a. Mailing Address
26 123 WHITECAP CR.
27 Suite, Apt. #, etc: —
28 City & State: MAITLAND FLORIDA
29 Zip: 32751
30 Country: U.S.A.

4. FEI Number: APPLIED FOR ☑ 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

MURRAY, DOROTHY J
123 WHITECAP CIRCLE
MAITLAND FL

10. Name and Address of New Registered Agent

81 Name: JOANNE ST. LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable): 123 WHITECAP CIRCLE
83
84 City: MAITLAND FL 85 Zip Code: 32751

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 607.0509, Florida Statutes.

SIGNATURE: Dorothy J. Murray X Joanne St. Lawrence 2/26/96
(If this Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☑ DELETE |
| NAME | MURRAY, DOROTHY J | |
| STREET ADDRESS | 123 WHITECAP CIRCLE | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | JOANNE ST. LAWRENCE | ☐ Change ☐ Addition |
| 1.2 NAME | 123 WHITECAP CIRCLE | |
| 1.3 STREET ADDRESS | MAITLAND, FL. 32751 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | 700001746427 -03/18/96--01031--002 ***200.00 | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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:** Joanne St. Lawrence 2/28/96 (407) 628-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #