

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021449

1. Corporation Name

LEIGH ANN'S ICE CREAM, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90083 031 ***150.00

EKIH BEKIN BEHIS BAK	######################################

Principal Place	of Business	Mailing Address							
1498 THORNHILL CIRCLE OVIEDO FL 32765		1498 THORNHILL CIRCLE							
		OVIEDO FL 32765	OVIEDO FL 32765			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or				١.
					03/15/1995				
2. Principal Pla	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	1
21		26			59-3313826			Not Applicable	1
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			-5,-Certifcate of Status (Defetroriti [-]		. Additional	
22		27			-5,3 Certificate Of Status t		Fee	Required	}
City & State	e	City & State			6. Election Campaign F	inancing	•	0 May Be	
23		28			Trust Fund Contribut	lion		d to Fees	-
Zip	Country	Zip		intry	8. This corporation owe			⊠No	
24	25	29	30		Personal Property Ta 10. Name and Address		Yes	ENNO	1
	9. Name and Address of Curr	rent Registered Agent		81 Name	TU. Name and Address	Of New Neglatered	Agoile		1
RAR	NA, KEVIN								1
	THORNHILL CIRCLE			82 Street	Address (P.O. Box Number is N	ot Acceptable)			1
	DO FL 32765			83					1
									4
				84 City		FL	85 Z	p Code	1
	to the provisions of Sections 607.0	0502 and 607 1508. Florida Stati	utes the a	hove-named	corporation submits this stateme	ent for the numose o	f changing	its registered	1
11 Purcuant	egistered agent or both, in the Sta	ate of Florida. Such change was	authorized	d by the corpo	oration's board of directors. I her	reby accept the appo	intment as	registered	
office or re	m familiar with, and accept the obli	ilgations of, Section 607.0505, F	lorida Stat	utes.					
office or re agent. I ar	m familiar with, and accept the obli		iorida Stat	utes.		·			
office or re agent. I ar SIGNATURE	m familiar with, and accept the obli	agent and title if applicable. (NO	IOIIDA STAT	utes.	equired when reinstating)	DATE DATE	ND DIREC	TOPS IN 12	é
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office or reagent. I ar SIGNATURE 12. TITLE NAME	m familiar with, and accept the obling signature, typed or printed name of registered of PD BARNA, KEVIN J	agent and title if applicable. (NOTAND DIRECTORS	TE: Registered 13. 1.1 TI	d Agent signature n					1007 (44,00)
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14. I 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 suppliemental 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, with all other like empowered.

SIGNATURE:

- Kevin J. BARNASED