

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000034697 (9)

1. Corporation Name

POP'S HOMEMADE ITALIAN ICE, INC.



Principal Place of Business

Mailing Address

890 STATE ROAD 434
ALTAMONTE SPRINGS FL 32714

890 STATE ROAD 434
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

OWEN, RICHARD B
5250 S. HWY 17-82
CASSELBERRY FL 32707

Name

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

City

FL

85

Zip Code

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3304898

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
DICOLLA, MICHAEL J
STREET ADDRESS
263-C MOSSWOOD CIRCLE
CITY- ST- ZIP
WINTER SPRINGS FL 32708

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
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 ☐ Change ☐ Addition

1.2

1.3 ADDRESS

1.4 ST- ZIP

2.1 ☐ Change ☐ Addition

2.2

2.3 ADDRESS

2.4 ST- ZIP

3.1 ☐ Change ☐ Addition

3.2

3.3 ADDRESS

3.4 ST- ZIP

4.1 ☐ Change ☐ Addition

4.2

4.3 ADDRESS

4.4 ST- ZIP

5.1 ☐ Change ☐ Addition

5.2

5.3 ADDRESS

5.4 ST- ZIP

6.1 ☐ Change ☐ Addition

6.2

6.3 ADDRESS

6.4 ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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

Date

Daytime Phone #

CR2E034 (9/96)