## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700053061 (2)

## FILED Aug 26 1998 8:00am Secretary of State

D & D ICE CREAM EQUIPMENT, INC.				 	II <b>ara</b> ikin arna ang ing 1961
Principal Place of <b>Bus</b> iness Mailing Address					
1455 TALLEVAST RD 1455 TALLEVAST RD SARASOTA FL 34243 SARASOTA FL 34243				DO NOT WRITE IN THIS <b>SP</b> ACE	
				3, Date Incorporated or Qualified	
				06/16/1997	
2. Principal P	lace of Business	2a. Mailing Address	1 .	4 FFI Number	Applied For
21 4386	Independence C+	[26] 4386 Indi	ependence C	F 65-0763100	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·	C. Commond of Clarks Decired	Fee Required
City & Stal	\ ( 1	City & State	C(	6. Election Campaign Financing	\$5.00 May Be
23 5 A Ca	·	28 SA(W)+n	Country	Trust Fund Contribution	Added to Fees
24 34 34 3	234 Z5 Country	Zip 29 34234 3	¬ ·	8. This corporation owes or has paid the co	ırrent year Intangible Yes ⊠No
24 5 7 6	9. Name and Address of Current		<u>" </u>	Personal Property Tax due June 30.  10. Name and Address of New Registered	
CHY		Trogratured Figure	81 Name	11 1 To Thomas and The Thomas and Thomas and The Th	0
ALEE TALLEMANT DD			<u> </u>	phasi Diana	K
1455 TALLEVAST RD SARASOTA FL 34243			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
SAN.	NOUIN FE 34243		83	o Independence C+	
			84 City	FI جاري ا	L 85 Zip Code 34 34
11. Pursuant	t to the provisions of sections 607.0502	and 607.1508. Florida Statutes.	the above-named corpo	pration submits this statement for the purpose of	changing its registered
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.					
	an latima will, and accept the obliga-	Johns Br, Section Gov. 6363, Pione	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE	Registered Agent signature req	uired when reinstating) DAYE	
12.	OFFICERS AND	) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	0	L_] DELETE	1.1 TITLE		Contrago Contrago
NAME	SHAUL, DIANA R		1.2 NAME		
STREET ADDRESS	8319 COUNTRY PKWY		1.3 STREET ADDRESS		i ĉ
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP		(
TITLE	D DANIEL O	] DELETE	2.1 TITLE		Change Addition
NAME	SHAUL, DANIEL C		2.2 NAME		
STREET ADDRESS	8319 COUNTRY PKWY		2.3 STREET ADDRESS		14
CITY-ST-ZIP	SARASOTA FL 34243	——————————————————————————————————————	2.4 CITY-ST-ZIP 3.1 TITLE		
TITLE NAME		L DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		TT) NETCLE	4.2 NAME		Conside Til Youroll
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	""" a"" a"" a"" a"" a"" a"" a"" a"" a""	Ohange Addition
NAME	•	<u></u>	5.2 NAME	3000026245 -08/26/9801004	.022
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	טבכ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*** 1 0 U . UU	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		12/1
STREET ADDRESS			6.3 STREET ADDRESS		101.00
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify for the		ction 119.07(3)(i), Florida Statutes. I further certify	that the information

4. 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 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 exproration or the receiver or truesee 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.

CIONATURE.

MIN THE MAN THE PRINTERS

7-7-92

QU1259-2448

## O&D ICE CREAM EQUIPMENT, INC.

4386 INDEPENDENCE CT ◀ SARASOTA , FL 34243 Phone 941-359-2448 ◀ Fax 941-359-1731 PSd

July 29, 1998

#P97000053061

TO WHOM IT CONCERNS

I'M A NEW BUSINESS OWNER, AND WAS NOT AWARE THAT THE POST OFFICE WOULD NOT FORWARD ALL MY MAIL. WE MOVED IN OCTOBER AND THOUGHT THAT ALL MY MAIL WAS FORWARD AND I CHANGED ALL THE ADDRESS CHANGES THAT I HAD TO CHANGE. I DID NOT RECEIVED THIS FORM TILL THE FIRST OF JULY I HAD CALLED THE NUMBER 850-488-9000 AND SPOKE TO WOMAN AND EXPLAINED WHAT HAD HAPPENED AND SHE HAD TOLD ME TO SEND IN \$150.00 WITH A NOTE EXPLAINING WHAT HAD HAPPENED AND IT WILL BE TAKEN CARE OF . I HAD SENT IN THE CHECK WITH A NOTE AND A COPY OF THE ENVELOP WITH THE POST OFFICE STICKER SAYING THE OLD ADDRESS AND DATE, THEY RETURNED EVERYTHING BUT THE NOTE AND COPY . I CALLED THE SAME NUMBER AND SPOKE TO A MAN AND TOLD HIM EVERYTHING HE TOLD ME I SENT IT TO THE WRONG ADDRESS (PREPRINTED ANNUAL REPORT ADDRESS) HE TOLD ME TO SEND IT TO OTHER CORRESPONDENCE ADDRESS . THIS IS THE SECOND TIME MAILING THIS FORM CAN YOU PLEASE REMOVE THE PENALTY CHARGES .

PS IF YOU NEED TO SPEAK TO ME PLEASE CALL ME.

THANK YOU.

a R Shau