

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000090166 (4)**  
 1. Corporation Name  
**FROSTY FREEZE OF FLORIDA, INC.**



Principal Place of Business <b>702 PHOENIX AVENUE CLEARWATER FL 33756</b>	Mailing Address <b>702 PHOENIX AVENUE CLEARWATER FL 33756</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>10/20/1997</b>	
<b>4.</b> FEI Number <b>59-3473761</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**HOLMAN, MICHAEL L**  
**702 PHOENIX AVENUE**  
**CLEARWATER FL 33756**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
STREET ADDRESS	2.1 TITLE	2.2 NAME	
CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
STREET ADDRESS	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
STREET ADDRESS	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

*Handwritten entries in Block 13:*  
 PRESIDENT  
 MICHAEL L. HOLMAN  
 702 PHOENIX AVE.  
 CLEARWATER FL 33756  
 700002496767  
 -04/22/98--01075--020  
 \*\*\*150.00  
 4/22

**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 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:** *Michael L. Holman* PRESIDENT 4-15-98 813-448-0620

CR2E034 (10/97)