09221999-90006-020-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -6 PM 12:18

DOCUMENT # **P98000023623**

1. Corporation Name

PIGGY'S OLE FASHION ICE CREAM, INC.

Principal Place of Business	Mailing Address
3853 EASTON STREET SARASOTA FL 34239	3853 EASTON STREET SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3640 Bee Ridge Rd.	2a. Mailing Address 26 3853 Easton St.	3. Date Incorporated or Qualified 03/12/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0821133 ☐ Applied For ☐ Not Applicable
City & State 23 Sarasota, FL.	City & State 28 SARASOTA, FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 34233 / 25	Zip / Country 29 34238 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, NANCY 3853 EASTON STREET SARASOTA FL 34238	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V. Pres.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NANCY WILLIAMS		1.2 NAME	
STREET ADDRESS	3853 EASTON ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL. 34238		1.4 CITY-ST-ZIP	
TITLE	Pres.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Neal Williams		2.2 NAME	
STREET ADDRESS	6596 Waterford Cir		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL. 34238		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

$10/8

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: Nancy Williams NANCY WILLIAMS 9/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)