

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
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

DOCUMENT # **P98000053186**

1. Corporation Name

SCOOPS ICE CREAM & COFFEE HOUSE, INC.

Principal Place of Business

**5842 - 34TH STREET WEST
BRADENTON FL 34210**

Mailing Address

**5842 - 34TH STREET WEST
BRADENTON FL 34210**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90002 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1998

4. FEI Number

65-0856015

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 5842-34th St West

Suite, Apt. #, etc.

22 109

City & State

23 Bradenton FL

Zip

24 34210

Country

25 Manatee

2a. Mailing Address

26 5842-34th St West

Suite, Apt. #, etc.

27 # 109

City & State

28 Bradenton FL

Zip

29 34210

Country

30 Manatee

9. Name and Address of Current Registered Agent

**HAMILTON, TERRY D
5842 - 34TH STREET WEST
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

81 Name

Hamilton, Terry D

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

6050 34th St West

83 **# 703**

84 City

Bradenton

FL

85 Zip Code

34210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Terry D. Hamilton**

STREET ADDRESS **6050 34th St W. # 703**

CITY-ST-ZIP **Bradenton, FL 34210**

TITLE **Vice President** ☐ DELETE

NAME **Kimberly A. Hamilton**

STREET ADDRESS **6050 34th St W. # 703**

CITY-ST-ZIP **Bradenton, FL 34210**

TITLE **Secretary** ☐ DELETE

NAME **Kimberly A. Hamilton**

STREET ADDRESS **6050 34th St W. # 703**

CITY-ST-ZIP **Bradenton, FL 34210**

TITLE **Treasurer** ☐ DELETE

NAME **Kim Terry D. Hamilton**

STREET ADDRESS **6050 34th St W. # 703**

CITY-ST-ZIP **Bradenton, FL 34210**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **Kimberly A. Hamilton** **Kimberly A. Hamilton** 7-6-99 (941) 7565636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

Scoop's Ice Cream & Coffee House



5942 34th Street West #109 ◆ Bradenton, FL 34210
Phone 941-756-5636

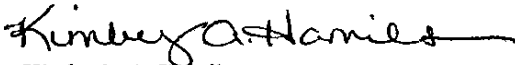
P98000053186
588474-90002-8

July 07, 1999

Dear Sir or Madam:,

Enclosed is payment of \$150.00 for our corporation. The mailing address for our business was incorrect and we just received second notice for payment. Your office told us to include \$150.00 along with a note explaining the error for mailing. We apologize for the delay in payment and made the proper corrections on the form.

Sincerely,



Kimberly A. Hamilton
Secretary