

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90026 016 \*\*\*150.00

DOCUMENT # P98000053241

1. Corporation Name

J & S ICE CREAM FACTORY, INC.

Principal Place of Business

11621 S.W. 216TH STREET  
GOULDS FL 33170

Mailing Address

11621 S.W. 216TH STREET  
GOULDS FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

65-0842958

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11621 SW 216th St.  
Suite, Apt. #, etc.

2a. Mailing Address

26 11621 SW 216th St.  
Suite, Apt. #, etc.

23 City & State

GOULDS, FL

27 City & State

GOULDS, FL

24 Zip

33170

25 Country

DADE

29 Zip

33170

30 Country

DADE

9. Name and Address of Current Registered Agent

ROBINSON, SANDRA  
11621 S.W. 216TH STREET  
GOULDS FL 33170

10. Name and Address of New Registered Agent

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

*Sandra Robinson* President

4/6/99

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 PSD ☐ DELETE  
NAME ROBINSON, SANDRA  
STREET ADDRESS 11621 S.W. 216TH STREET  
CITY-ST-ZIP GOULDS FL 33170

TITLE VTD ☐ DELETE  
NAME ROBINSON, JIMMY  
STREET ADDRESS 11621 S.W. 216TH STREET  
CITY-ST-ZIP GOULDS FL 33170

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 TITLE M ☐ Change ☒ Addition  
1.2 NAME ARTHUR JAMES WELLONS  
1.3 STREET ADDRESS 11621 S.W. 216th Street  
1.4 CITY-ST-ZIP GOULDS, FL 33170

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, with all other like empowered.

SIGNATURE:

*Sandra Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99  
Date

305 (971) 0633  
Daytime Phone #

CR2E034 (11/98)