

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90276 034 ***150.00

DOCUMENT # P98000079683

1. Corporation Name

ANNIE'S DREAM ICE CREAM INC.

Principal Place of Business

55 TROPIC ISLE DR
DELRAY BEACH,
FLORIDA, 33483

Mailing Address

C/O MARK CRAVEN
55 TROPIC ISLE DR
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/9/98

2. Principal Place of Business

21 55 TROPIC ISLE DR

2a. Mailing Address

26 55 TROPIC ISLE DR

Suite, Apt. #, etc.

22 #39

Suite, Apt. #, etc.

27 #39

City & State

23 DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

Zip

24 33483

Country

25 USA

Zip

29 33483

Country

30 USA

4. FEI Number

650905279

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

9. Name and Address of Current Registered Agent

DONALD DEPAMPHILIS
39 SEAVIEW CIRCLE
BOYNTON BEACH FL 33435

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

Donald Depamphilis

Signature, type or print name of registered agent and use if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE PRES. + DIRECTOR ☐ DELETE
NAME DONALD DEPAMPHILIS
STREET ADDRESS 39 SEAVIEW CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE V.P. + DIRECTOR ☐ DELETE
NAME MARK CRAVEN
STREET ADDRESS 55 TROPIC ISLE DR
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE TRST. + DIRECTOR ☐ DELETE
NAME DONALD DEPAMPHILIS
STREET ADDRESS 39 SEAVIEW CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE SECY + DIRECTOR ☐ DELETE
NAME MARK CRAVEN
STREET ADDRESS 55 TROPIC ISLE DR
CITY-ST-ZIP DELRAY BEACH, FL 33483

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 ☐ 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, with all other like empowered.

SIGNATURE:

Mark Craven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

561 739 9033

Daytime Phone #

CR2E034 (11/98)