

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

AMENDED

0487303

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 NOV 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087965

1. Corporation Name

ISLAND BREEZE FROZEN DRINK MIXES, INC.



Principal Place of Business

Mailing Address

1211 SE 4th Avenue, Post Office Box 490
Crystal River, Florida 34429 Homosassa Springs, FL 34447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

59-3540577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

JOHN S. CLARDY III
521 W. Fort Island Trail, Suite A
Crystal River, FL 34429

81 Name JAMES A. WRIGHT

82 Street Address (P.O. Box Number is Not Acceptable)
1211 SE 4th Avenue

84 City Crystal River, FL

FL

85 Zip Code
34429

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

James A. Wright

(NOTE: Registered Agent signature required when resigning)

11-8-99

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/DIRECTOR ☒ DELETE
NAME KRISTANNA DAVIS
STREET ADDRESS 3850 N. Timucua Pt.
CITY-ST-ZIP Crystal River, FL 34428

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME JAMES A. WRIGHT
1.3 STREET ADDRESS 1211 SE 4th Avenue
1.4 CITY-ST-ZIP Crystal River, FL 34429

2.1 TITLE SECRETARY/TREASURER ☒ Change ☐ Addition
2.2 NAME S. ANN WRIGHT
2.3 STREET ADDRESS 1211 SE 4th Avenue
2.4 CITY-ST-ZIP Crystal River, FL 34429

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:

James A. Wright

CR2E034 (11/98)