

44-1434

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a lighthouse. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90063 038 \*\*\*150.00

1. Corporation Name  
**BIG FROSTY, INC.**

Mailing Address  
14524 RIVERSIDE DR  
FT MYERS FL 33905  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1991

4. FEI Number  
65-0171946

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

☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

LECHTMAN, MICHAEL ESQ  
17001 NE 6TH AVE  
NORTH MIAMI BEACH FL 33162

81	Name	HERMAN REITMAN
82	Street Address (P.O. Box Number is Not Acceptable)	4910C NW 4TH STREET
83		
84	City	DELRAY BEACH

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 Herman Keitman - HERMAN KEITMAN  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

(NOTE: Registered Agent signature required when reinstating)

DATI

## OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ACE, MYRON	
STREET ADDRESS	14524 RIVERSIDE DR.	
CITY-ST-ZIP	FT. MYERS FL 33905	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS SHERWOOD		
1.3 STREET ADDRESS	680 MIDDLETOWN BOULEVARD, SUITE 101		
1.4 CITY-ST-ZIP	LANGHORNE PA 19047		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	GARY REITMAN		
2.3 STREET ADDRESS	680 MIDDLETOWN BOULEVARD, SUITE 101		
2.4 CITY-ST-ZIP	LANGHORNE, PA 19047		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #