Applied For

\$8.75 Additional

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name BIG FROSTY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

1320 HWY 70 E OKEECHOBEE FL 34974

DOCUMENT # **S45293**



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Mailing Address 14524 RIVERSIDE DR

FT MYERS FL 33905

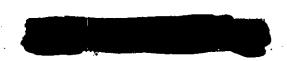
2a. Mailing Address

Suite, Apt. #, etc.

680 MIDDLE TOWN

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

05-17-1999 90063 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/15/1991

65-0171946

4. FEI Number

22	*	27 SUITE 101			
City & State City & State			<u> </u>		6. Election Campaign Financing \$5.00 May Be
23		28 LANGHORNE			Trust Fund Contribution Added to Fees
Zip	Country	Zip		intry	8. This corporation owes the current year Intangible
24	25	29 /9047	30	USA	Personal Property Tax. ☐ Yes ☑No
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered Agent
= 0.				81 Nam	MERMAN REITMAN
LECHTMAN, MICHAEL ESQ				82 Stree	eet Address (P.O. Box Number is Not Acceptable)
17001 NE 6TH AVE					4910C NW 4TH STREET
NOR	TH MIAMI BEACH FL 33162			83	
				24 20	85 Zip Code
				84 City	DELRAY BEACH FL 33445
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida State	utes, the a	bove-name	ped corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	authorize	d by the co	orporation's board of directors. I hereby accept the appointment as registered
•			. , //	GITW	MAN 4-30.99
SIGNATURE	Hermou Cutton Signature, typed or printed name of registered agent at				TITTY Ture required when reinstating) DATE
12,	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	⊠ DELETE	1.1 T	TLE	PRESIDENT Change Addition
NAME	ACE, MYRON		1.2 N	AME	THOMAS SHERVOOD
STREET ADDRESS	14524 RIVERSIDE DR.		1.3 S	TREET ADDRES	ESS 680 MIDDLETOWN BONLEWAD, SUITE 101
-	FT. MYERS FL 33905			ITY-ST-ZIP	LANKLINENE PA 19047
TITLE	11. MILNO 1 E 33303	☐ DELETE	2.1 T		LANGHORNE PA 19047 SERETARY Change Addition
		— • • • • • • • • • • • • • • • • • • •	2.2 N		Con Darmad
NAME				TREET ADDRES	Community State 101
STREET ADDRESS			4		LANGHORNE, PA POYT
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP	Change Addition
TITLE		☐ here (c	3.1 T		
NAME			32 N		
STREET ADDRESS			3.3 \$	TREET ADDRES	ESS
CITY-ST-ZIP			_	ITY-ST-ZIP	☐ Change ☐ Additio
TILE		☐ DELETE	4,1 T		☐ Change ☐ Addition
NAME			4.21	IAME	
STREET ADDRESS			435	TREET ADDRES	ESS
CITY-ST-ZIP			4.4 C	TY-ST-ZIP	
TITLE		☐ DELETE	5.1 T	TLE	☐ Change ☐ Additio
NAME			5.2 N	AME	
STREET ADDRESS			5.3 S	TREET ADDRES	ESS
CITY-ST-ZIP			5.4 C	TY-ST-ZIP	
TITLE		☐ DELETE	6.1 T	TLE	☐ Change ☐ Additio
NAME			6.2 N	AME	
STREET ADDRESS			6.3 S	TREET ADORES	ESS
CITY-ST-ZIP			6.4 C	TY-ST-ZIP	
44 1 h h	portify that the information supplied with	this filing does not qualify t	or the exe	motion stat	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the corporation or the receiver or trustee englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE: