

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001401 (8)**

1. Corporation Name
FROSTEE BEVERAGE COMPANY



Principal Place of Business
**5315 TREMONT AVE.
DAVENPORT IA 52807**

Mailing Address
**5315 TREMONT AVE.
DAVENPORT IA 52807**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified **03/18/1994** 3a. Date of Last Report **10/26/1995**

4. FEI Number **42-1382688** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (Print or type name of registered agent and date of signature) _____ (Print or type name of signing officer or director and date of signature)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SD	
NAME	MCANALLY, DAVID	
STREET ADDRESS	5315 TREMONT AVE.	
CITY - ST - ZIP	DAVENPORT IA 52807	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARNAHAN, E. F	
STREET ADDRESS	5315 TREMONT AVE.	
CITY - ST - ZIP	DAVENPORT IA 52807	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLOMBARI, JOSEPH	
STREET ADDRESS	5315 TREMONT AVE.	
CITY - ST - ZIP	DAVENPORT IA 52807	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
11 TITLE	Treasurer (T)		
12 NAME	Sharon D. SAUNDERS		
13 STREET ADDRESS	5315 Tremont Ave.		
14 CITY - ST - ZIP	Davenport, IA 52807		
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sharon D. Saunders* Sharon D SAUNDERS 3/7/96 319-386-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)