

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F93000004054 (3)**

1. Corporation Name

**CITRUS COOLSTORE, INC.**



Principal Place of Business

Mailing Address

**1000 FERRY ROAD  
WILMINGTON DE 19801**

**1000 FERRY ROAD  
WILMINGTON DE 19801**

3. Date Incorporated or Qualified

**09/07/1993**

3a. Date of Last Report

**07/19/1995**

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

**24**

**25**

**29**

**30**

4. FEI Number

**51-0272828**

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

10. Name and Address of New Registered Agent

**STONE, LEWIS W  
4850 N. HIGHWAY 19A  
MOUNT DORA FL 32757**

**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

Signature of person or persons in lieu of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SCHLEIFER, HARRY**  
STREET ADDRESS **ABC-STRABE 44, 20354 HAMBURG**  
CITY-ST-ZIP **WILMINTON DE**

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP **Germany**

TITLE **P** ☐ DELETE  
NAME **SEABROOK, J. ELLIOTT**  
STREET ADDRESS **40742 SR 19**  
CITY-ST-ZIP **UMATILLA FL 32784**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **ST** ☒ DELETE  
NAME **CARPENTER, KENNETH W.**  
STREET ADDRESS **2306 FAIRVIEW COURT**  
CITY-ST-ZIP **EUSTIS FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition  
42 NAME **V Nicol, Doug**  
43 STREET ADDRESS **145 Countryside Lane**  
44 CITY-ST-ZIP **Bear, DE 19701**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition  
52 NAME **Senseny, Kevin**  
53 STREET ADDRESS **216 Megan Court**  
54 CITY-ST-ZIP **Newark, DE 19702**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DOUG NICOL 6/27/96**

**302 652 8763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)