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**Apr 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 006251 (3)**  
1. Corporation Name  
**JAX COLD STORAGE COMPANY**



Principal Place of Business: **1429 WEST 16TH STREET  
PO BOX 2639  
JACKSONVILLE FL 32209**  
Mailing Address: **1429 WEST 16TH STREET  
PO BOX 2639  
JACKSONVILLE FL 32209-4803**

3. Date Incorporated or Qualified: **07/14/1913** 3a. Date of Last Report: **04/02/1996**  
4. FEI Number: **59-0307870** 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

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

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

**SPENCE, CARLTON H.  
1814 INDUSTRIAL BOULEVARD  
JACKSONVILLE FL 32254**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature type for printed name of registered agent and FEI if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCE, CARLTON H.</b>	1.2 NAME	<b>SPENCE, CARLTON H.</b>
STREET ADDRESS	<b>1429 W 16TH ST</b>	1.3 STREET ADDRESS	<b>2625 WEST 5TH STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCE, JEFFREY C.</b>	2.2 NAME	<b>SPENCE, JEFFREY C.</b>
STREET ADDRESS	<b>1429 W 16TH ST</b>	2.3 STREET ADDRESS	<b>2625 WEST 5TH STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCE, RUBY H.</b>	3.2 NAME	<b>SPENCE, RUBY H.</b>
STREET ADDRESS	<b>1429 W. 16TH ST</b>	3.3 STREET ADDRESS	<b>2625 WEST 5TH STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Carlton H. Spence* **3-17-97** **786-8038**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)