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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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Country 29 Zip Country 30 Country

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	CDT <input type="checkbox"/> DELETE	1.1 TITLE	C/D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, CARLTON H.	1.2 NAME	SPENCE, CARLTON H.
STREET ADDRESS	1429 W 16TH ST	1.3 STREET ADDRESS	2625 WEST 5TH STREET
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, JEFFREY C.	2.2 NAME	SPENCE, JEFFREY C.
STREET ADDRESS	1429 W 16TH ST	2.3 STREET ADDRESS	2625 WEST 5TH STREET
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, RUBY H.	3.2 NAME	SPENCE, RUBY H.
STREET ADDRESS	1429 W. 16TH ST	3.3 STREET ADDRESS	2625 WEST 5TH STREET
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32254
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)