

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 133684

1. Corporation Name

NEW WEST FLORIDA ICE COMPANY INC

Principal Place of Business

719 CATTLEMEN RD.  
SARASOTA FL 34232

Mailing Address

719 CATTLEMEN RD.  
SARASOTA FL 34232

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90046 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1939

4. FEI Number

59-0375905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1700 DOG KENNEL RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 1700 DOG KENNEL RD  
Suite, Apt. #, etc.

23 City & State

SARASOTA, FL.

28 City & State

SARASOTA, FL.

24 Zip

34240

Country

29 Zip

34240

Country

30

9. Name and Address of Current Registered Agent

FERLISE, P F  
1740 OAK LAKES DR  
SARASOTA FL 34232

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FERLISE, P.F.  
STREET ADDRESS 1740 OAK LAKES DR.  
CITY-ST-ZIP SARASOTA FL

TITLE VP ☐ DELETE

NAME FELIX A. FERLISE  
STREET ADDRESS 2057 MISTY SUNRISE TRAIL  
CITY-ST-ZIP SARASOTA FL

TITLE T ☐ DELETE

NAME LEVIO, ROSA LEE  
STREET ADDRESS 3312 BURNING TREE DR  
CITY-ST-ZIP BIRMINGHAM AL

TITLE S ☐ DELETE

NAME FERLISE, ROSALIE  
STREET ADDRESS 1740 OAK LAKES DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

FELIX FERLISE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-99

Daytime Phone #

741 371-2424

CR2E034 (1/98)

04/22/01