Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90297 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # 363824

1. Corpor ation		•								
SUPER (COOL COLD STORAGE, INC	J.								
									ili tidli bibli dib	
Principal Flace of Business Mailing Address										
P.O. DRAWER 67 P.O. DRAWER 67 AUDITORIO 51 20022										
AUBURNDALE FL 33823 AUBURNDALE FL 33823						DO NOT WRITE IN THIS SPACE				
						3. Date ncorpo	orated or Qualife	d		
						05/08/19	70			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number				Applied For
21		26				59-12924	69			Not Applicable
Suite, /\pt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of	Status Desired			/ dditional
22	·	27								Required
City & State		City & State			6. Election Campaign Financing				May Be	
23		Zip Country				Trust Fund Contribution Added to Fees				10 rees
Zip	Country	Zip	· ·			8. This corporation owes the current year in			Intangible Yes	□No
24	9. Name and Address of Curren	29	30			Personal Property Tax. 10. Name and Address of New Registered				
	9. Name and Address of Curren	t Registered Agent		31 N	lame	TO: ITAIN and	100.00	1103.010.	<u></u>	
BOS	TICK, GUY									
	E. BRIDGERS AVENUE		8	32 S	itreet Addr	ess (P.O. Box Num	ber is Not Accep	otable)		
AUBURNDALE FL 33823			8	33						
			_						11	
			18	84 City				F	:L 85 Zij	code :
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ove-na	amed corp	oration submits this	statement for th	e purpose	of changing	ts registered
office or re	to the provisions or Sections 607.050 egistered agent, or both, in the State m familiar with, and ε ccept the obliga	ot Florida, Such change was :	autoonzea t	ov ine	corporation	on's board of directe	ors. I hereby acc	ept the ap	pointment as	re-jisterea
	m tamiliar with, and accept the obliga	tions of, decitor our loods, in	onda Dialon	00.						ļ
SIGNATURE	Signature, typed or printed r ame of registered agei	t and title if applicable. (NO	E Registered A	gent sig	nature re-:uire	d when reinstating)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/	CHANGES TO C	FFICERS		
TITLE	VDT DELETE		1.1 TITLI	1.1 TITLE					☐ Chang	e Addition
NAME	JACOBS, MILTON E		1.2 NAM	E						
STREET ADDRESS	502 EAST BRIDGERS AVE			1.3 STREET ADDRESS						
CITY-ST-ZIP	AUBURNDALE, FL 00000		1.4 CITY	-ST-ZI						- The addition
TITLE	D	☐ DELETE	2.1 TITLI	2.1 TITLE					☐ Chang	e 🗌 Addition
NAME	BOSTICK, GUY		2.2 NAM	2.2 NAME						i
STREET ADDRESS	502 EAST BRIDGERS AVE		2.3 STRI	EET ADI	DRESS					
CITY-ST-ZIP	AUBURNDALE, FL 00000			2. 4 CITY-ST-Z					Chang	e Addition
TITLE	PD	☐ DELETE	1	3.1 TITLE					Chang	e Dagonon i
NAME	BOSTICK, R MARK			3.2 NAME						
STREET ADDRESS	502 EAST BRIDGERS AVE		33STR							
CITY-ST-ZIP	AUBURNDALE, FL 00000			3.4. CITY-ST-Z					Chang	e Addition
TITLE	S DEADY BHAY B	☐ DELETE	4.1 TITL						Onling	C
NAME	READY, BILLY R			4.2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS	502 E.BRIDGERS AVE.									
CITY-ST-ZIP	AUBURNDALE FL.			4.4 CITY-ST-ZIP					Chang	e
TITLE		☐ DELETE		5.1 TITLE 5.2 NAME					onany	
NAME			5.3 STR		DRESS					
STREET ADDRESS			5.4 CITY							
CITY-ST-ZIP		☐ DELETE	6.1 TITL		' -				Chang	e
TITLE			6.2 NAM							
NAME					DRESS					
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP						
CITY-ST-ZIP			J. 1 J. 1 I	, -,						

14. I hereby certify that the information supplied with this filing does not qualify or 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:

SIGNA TURE AND TYPED OF PRINTED NAME OF SIGNING OFFIC POR DIRECTOR