

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 472796 (2)  
1. Corporation Name  
ICY BIRD, INC.



Principal Place of Business Mailing Address  
1427 MAURY ROAD  
PO BOX 7372  
ORLANDO FL 32804

3. Date Incorporated or Qualified 03/31/1975 3a. Date of Last Report 02/22/1995  
4. FEI Number 59-1593260 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 2a. Mailing Address  
21 RT1 Box 70 26 RT1-Box 70  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Jim Hennessee Rd 27 Jim Hennessee Rd  
City & State City & State  
23 Sparta, TN 28 Sparta, TN  
Zip City & State Zip City & State  
24 38583 25 USA 29 38583 30 USA

NORVELL, WM. K.  
1427 MAURY ROAD  
ORLANDO FL 32804

10. Name and Address of New Registered Agent  
81 Name RICE H. POUNDS  
82 Street Address (P.O. Box Number is Not Acceptable) 3330 TUCKER AVE.  
83  
84 City St. Cloud FL 85 Zip Code 32772

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 Rice H. Pounds

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

(NOTE: Registered Agent Signature required when re-registering)

DATE 3-22-96

12. OFFICERS AND DIRECTORS  
TITLE STD ☐ DELETE  
NAME NORVELL, MARY W  
STREET ADDRESS 1427 MAURY ROAD  
CITY-ST-ZIP ORLANDO, FL 00000  
TITLE PD ☐ DELETE  
NAME NORVELL, WM K  
STREET ADDRESS 1427 MAURY ROAD  
CITY-ST-ZIP ORLANDO, FL 00000  
TITLE VD ☐ DELETE  
NAME NORVELL, MARION W, II  
STREET ADDRESS 17921 PHIL C. PETERS RD  
CITY-ST-ZIP WINTER GARDEN FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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 STD ☒ Change ☐ Addition  
1.2 NAME Norvell, Mary W.  
1.3 STREET ADDRESS RT1-Box 70/Jim Hennessee Rd  
1.4 CITY-ST-ZIP Sparta, TN 38583  
2.1 TITLE PD ☐ Change ☐ Addition  
2.2 NAME Norvell, Wm. K., Sr.  
2.3 STREET ADDRESS RT1-Box 70/Jim Hennessee Rd  
2.4 CITY-ST-ZIP Sparta, TN 38583  
3.1 TITLE VD ☐ Change ☐ Addition  
3.2 NAME Norvell, Marion W, II  
3.3 STREET ADDRESS RT1-Box 70/Jim Hennessee Rd  
3.4 CITY-ST-ZIP Sparta, TN 38583  
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary W. Norvell/Mary W. Norvell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

615/138-3557

CR2E034 (12/95)