

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 472796 (2)

1. Corporation Name
ICY BIRD, INC.



Principal Place of Business RT 1 BOX 70 JIM HENNESSEE ROAD SPARTA FL 38583 US TN	Mailing Address RT 1 BOX 70 1151 JIM HENNESSEE ROAD SPARTA FL 38583-9705-1115 US TN
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3. Date Incorporated or Qualified 03/31/1975	3a. Date of Last Report 04/26/1996
4. FEI Number 59-1593260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. 1151 Jim Hennessee Rd
22. City & State	27. SPARTA, TN.
23. Zip	28. 38583-1115
24. Country	30. TN

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POUNDS, RICE H 3330 TUCKER AVENUE ST. CLOUD FL 32772	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVELL, MARY W	12. NAME	
STREET ADDRESS	RT 1 BOX 70	13. STREET ADDRESS	
CITY - ST - ZIP	SPARTA TN	14. CITY - ST - ZIP	
TITLE	PD	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVELL, WM K	2.2. NAME	
STREET ADDRESS	RT 1 BOX 70 JIM HENNESSEE ROAD	2.3. STREET ADDRESS	
CITY - ST - ZIP	SPARTA TN	2.4. CITY - ST - ZIP	
TITLE	VD	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVELL, MARION W, II	3.2. NAME	
STREET ADDRESS	RT 1 BOX 70/ JIM HENNESSEE ROAD	3.3. STREET ADDRESS	
CITY - ST - ZIP	SPARTA TN	3.4. CITY - ST - ZIP	
TITLE		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		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		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: Mary W. Norvell, Mary W. Norvell 2/26/97 615-738-3557

CR2E034 (9/96)