


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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 TN 38583 US	Mailing Address 1151 JIM HENNESSEE ROAD JIM HENNESSEE ROAD SPARTA TN 38583-1115 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1975	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent POUNDS, RICE H 3330 TUCKER AVENUE ST. CLOUD FL 32772		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVELL, MARY W	1.2 NAME	
STREET ADDRESS	RT 1 BOX 70	1.3 STREET ADDRESS	1151 Jim Hennessee Rd
CITY-ST-ZIP	SPARTA TN	1.4 CITY-ST-ZIP	SPARTA, TN 38583-1115
TITLE	PD	2.1 TITLE	<input checked="" 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	1151 Jim Hennessee Rd
CITY-ST-ZIP	SPARTA TN	2.4 CITY-ST-ZIP	SPARTA, TN 38583-1115
TITLE	VD	3.1 TITLE	<input checked="" 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	1151 Jim Hennessee Rd
CITY-ST-ZIP	SPARTA TN	3.4 CITY-ST-ZIP	SPARTA, TN 38583-1115
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 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: *Therese J. Norvell* *Mary W. Norvell* *11/6/94* *921-728-3557*

CR2E034 (10/97)