

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 16 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500001493225  
-05/18/95--01033--005  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **590524** (5)  
1. Corporation Name  
**SPACE ICE CO.**

Principal Place of Business  
**7056 INDUSTRIAL STREET  
WEST MELBOURNE FL 32904-1617**

Mailing Address  
**7056 INDUSTRIAL STREET  
WEST MELBOURNE FL 32904-1617**

3. Date Incorporated or Qualified  
**10/19/1978**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number  
**59-1854014**

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

9. Name and Address of Current Registered Agent

**FISHER, GARY P  
2203 ATLANTIC STREET  
MELBOURNE FL 32951**

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 changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>FISHER, GARY P.</b>
STREET ADDRESS	<b>2203 ATLANTIC AVENUE</b>
CITY, ST, ZIP	<b>MELBOURNE BEACH FL</b>
TITLE	<b>SVD</b>
NAME	<b>BOZEMAN, DENISE A.</b>
STREET ADDRESS	<b>2203 ATLANTIC AVE</b>
CITY, ST, ZIP	<b>MELBOURNE BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>HUGHES, ROBERT T.</b>
STREET ADDRESS	<b>412 GOLDSMITH AVE N.W.</b>
CITY, ST, ZIP	<b>PALM BAY FL</b>
TITLE	<b>VD</b>
NAME	<b>BURKE, ELDEN D.</b>
STREET ADDRESS	<b>1007 GULFPORT ROAD S.E.</b>
CITY, ST, ZIP	<b>PALM BAY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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:

*Gary P. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GARY P. FISHER**

5-9-95  
Date

907-727-1737  
Telephone No.