

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 647645

(1)

1. Corporation Name:

WHOLESALE ICE, INC.



Principal Place of Business

Mailing Address

37545 CR 54 WEST
ZEPHYRHILLS FL 33541

37545 CR 54 WEST
ZEPHYRHILLS FL 33541

2. Principal Place of Business

2a. Mailing Address

21 Site, Apt. #, etc.

26 Site, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/10/1979

3a. Date of Last Report

02/09/1995

4. FEI Number

59-1961555

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

10. Name and Address of New Registered Agent

GRIFFIN, GERALD, SR.
3745 CR 54 W.
37545 CR 54 W
ZEPHYRHILLS FL 33514

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 607.0802 and 607.1503, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of registered agent or other person authorized to sign

Signature of President, Secretary or Treasurer of the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
GRIFFIN, GERALD SR.
37545 CR 54 W
ZEPHYRHILLS FL ☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GRIFFIN, GERALD SR.
37545 CR 54 W
ZEPHYRHILLS FL ☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 treasurer 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:

Gerald Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

813-782-2266
9372

CR2E034 (12/95)