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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 647645 (1)

1. Corporation Name
WHOLESALE ICE, INC.

Principal Place of Business

37545 CR 54 WEST
ZEPHYRHILLS FL 33541

Mailing Address

37545 CR 54 WEST
ZEPHYRHILLS FL 33541-5421



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1979		3a. Date of Last Report 03/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1961555		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GRIFFIN, GERALD, SR.
~~3745 CR 54 W.~~
37545 CR 54 W
ZEPHYRHILLS FL ~~33541~~ 33541

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 33541

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	PST	1.1 TITLE	PSD
NAME	GRIFFIN, GERALD SR.	1.2 NAME	
STREET ADDRESS	37545 CR 54 W	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GRIFFIN, GERALD SR.	2.2 NAME	
STREET ADDRESS	37545 CR 54 W	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V
NAME		3.2 NAME	RUBY GRIFFIN
STREET ADDRESS		3.3 STREET ADDRESS	37545 CR 54 W
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE		4.1 TITLE	V
NAME		4.2 NAME	GERALD R. GRIFFIN
STREET ADDRESS		4.3 STREET ADDRESS	POST OFFICE BOX 72
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33539-0072
TITLE		5.1 TITLE	T
NAME		5.2 NAME	HAROLD S. GRIFFIN
STREET ADDRESS		5.3 STREET ADDRESS	37046 PEPPER DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE		6.1 TITLE	
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: *Harold S. Griffin, Jr.* 2nd Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

(813) 782-2866

Daytime Phone #

CR2E034 (9/96)