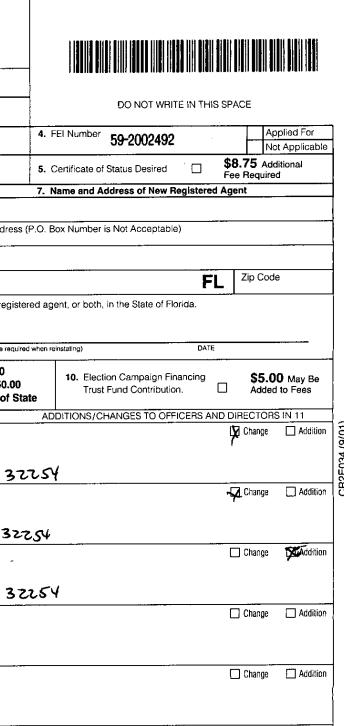
~2002 UNIFORM BUSINESS REPORT (UBR) 657313 **DOCUMENT #** 1. Entity Name INDUSTRIAL COLD STORAGE, INC. Principal Place of Business Mailing Address PO BOX 41064 2625 WEST 5TH STREET JACKSONVILLE FL 32203 JACKSONVILLE FL 32254 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2002492 Country Country Zip Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name SPENCE, CARLTON H. Street Address (P.O. Box Number is Not Acceptable) 1814 INDUSTRIAL BLVD. JACKSONVILLE FL 32254 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, 12. ☐ Delete TITLE TITLE SPENCE, RUBY H NAME NAME STREET ADDRESS 2625 WEST 5TH STREET STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST/ZIP 322*5*4 CITY-ST-ZIP TITLE ☐ Delete CDT TITLE NAME SPENCE, CARLTON H NAME STREET ADDRESS 2625 WEST 5TH STREET STREET ADDRESS

FILED Apr 18, 2002 8:00 am Secretary of State

04-18-2002 90410 038 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

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JACKSONVILLE, FL 00000

SPENCE, JEFFREY C.

JACKSONVILLE FL

2625 WEST 5TH STREET

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2002

786 8038

Change

☐ Addition

Daytime Phone #