


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 657313 1. Entity Name INDUSTRIAL COLD STORAGE, INC. |  |
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| Principal Place of Business 2625 WEST 5TH STREET JACKSONVILLE, FL 32254 US | Mailing Address PO BOX 41064 JACKSONVILLE, FL 32203 |
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| DO NOT WRITE IN THIS SPACE |
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04202004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2002492 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SPENCE, CARLTON H. 1814 INDUSTRIAL BLVD. JACKSONVILLE, FL 32254 |
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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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000123477 04/22/04-80006-011 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SPENCE, RUBY H 2625 WEST 5TH STREET JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD SPENCE, CARLTON H 2625 WEST 5TH STREET JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SPENCE, JEFFREY C. 2625 WEST 5TH STREET JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BROWN, TERRY 2625 WEST 5TH STREET JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T GIER, MARK 2625 WEST 5TH STREET JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|---------|-----------------|
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 4/20/04 | (904) 486-6050 |
| | Date | Daytime Phone # |