FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:06

DOCUMENT # F94000001700 (3)

1. Corporation Name
SOUTHWESTERN ICE, INC.

Principal Place of Business	Mailing Address
5925 W. VAN BUREN PHOENIX AZ 85043	5925 W. VAN BUREN PHOENIX AZ 85043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Street: 4425 W. Olive Ave.	26 Street: 4425 W. Olive Ave
22 Suite, Apt. #, etc.: Suite 310	27 Suite, Apt. #, etc.: Suite 310
23 City & State: Glendale, AZ	28 City & State: Glendale, AZ
24 Zip: 85302 25 Country: USA	29 Zip: 85302 30 Country: USA

4. FEI Number: 86-0698522 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	11 TITLE	☒ Change ☐ Addition
NAME	MILLER, ROBERT G	12 NAME	
STREET ADDRESS	5925 W. VAN BUREN	13 STREET ADDRESS	4425 W. Olive Ave., Ste. 310
CITY-ST-ZIP	PHOENIX AZ 85043	14 CITY-ST-ZIP	Glendale, Az 85302
TITLE	PVC	21 TITLE	☒ Change ☐ Addition
NAME	BERNSTEIN, ALAN S	22 NAME	
STREET ADDRESS	5925 W. VAN BUREN	23 STREET ADDRESS	4425 W. Olive, Ste. 310
CITY-ST-ZIP	PHOENIX AZ 85043	24 CITY-ST-ZIP	Glendale, AZ 85302
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	BERNSTEIN, BETTY R	32 NAME	
STREET ADDRESS	5925 W. VAN BUREN	33 STREET ADDRESS	4425 W. Olive Ave., Ste. 310
CITY-ST-ZIP	PHOENIX AZ 85043	34 CITY-ST-ZIP	Glendale, AZ 85302
TITLE	VPAS	41 TITLE	☒ Change ☐ Addition
NAME	NEAL, JOHN	42 NAME	
STREET ADDRESS	5925 W. VAN BUREN	43 STREET ADDRESS	4425 W. Olive Ave., Ste. 310
CITY-ST-ZIP	PHOENIX AZ 85043	44 CITY-ST-ZIP	Glendale, AZ 85302
TITLE		51 TITLE	CFO ☐ Change ☒ Addition
NAME		52 NAME	Dale M. Johnson
STREET ADDRESS		53 STREET ADDRESS	4425 W. Olive Ave., Ste. 310
CITY-ST-ZIP		54 CITY-ST-ZIP	Glendale, AZ 85302
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 with an address, or on an attached sheet with an address.

SIGNATURE: _____ Dale M. Johnson 1-18-95 (602) 435-5988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401427 FP