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Apr 21 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 # H48569

(8)

1. Corporation Name

WILSON ICE ENTERPRISES, INC.



Principal Place of Business

4502 OLD WINTER GARDEN ROAD, SUITE #J
ORLANDO FL 32811

Mailing Address

4502 OLD WINTER GARDEN ROAD, SUITE #J
ORLANDO FL 32811-1747

2. Principal Place of Business

21 4446 Old Winter Garden Rd
Suite, Apt. #, etc.

22 Suite 106

23 Orlando, FL

24 32811 25 USA

2a. Mailing Address

26 4446 Old Winter Garden Rd
Suite, Apt. #, etc.

27 Suite 106

28 Orlando, FL

29 32811 30 USA

3. Date Incorporated or Qualified

03/18/1985

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2519341

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

WILSON, EVA
4502 OLD WINTER GARDEN RD. STE J
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

Eva Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

4446 Old Winter Garden Rd Ste 106

83

84 City

Orlando

FL

85 Zip Code

32811

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

Eva E. Wilson EVA E. WILSON

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/15/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, EVA E.
STREET ADDRESS 2812 COVENTRY LANE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE VC
NAME WILSON, MATTHEW
STREET ADDRESS 2812 COVENTRY LANE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Eva E. Wilson

CR2E034 (9/96)