FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J84550** **(9)**

1. Corporation Name

FIRST COLD, INC.

Principal Place of Business

2625 W 5TH ST
JACKSONVILLE FL 32254
US

Mailing Address

P.O. BOX 41064
JACKSONVILLE FL 32203
US

3. Date Incorporated or Qualified: **07/21/1987**

3a. Date of Last Report: **03/13/1995**

4. FEI Number: **59-2985610** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SPENCE, CARLTON, H.
1814 INDUSTRIAL BLVD.
JACKSONVILLE FL 32254

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 607.0505 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. The corporation is authorized by the corporation's board of directors to make the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SPENCE, CARLTON H.	
STREET ADDRESS	2625 W. 5TH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7 TITLE		☐ Change ☐ Addition
8 NAME		
9 STREET ADDRESS		
10 CITY-ST-ZIP		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
15 TITLE		☐ Change ☐ Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-ST-ZIP		
19 TITLE		☐ Change ☐ Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23 TITLE		☐ Change ☐ Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TITLE		☐ Change ☐ Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 added, above.

SIGNATURE: Carlton H Spence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date