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 13 AM 11:38

DOCUMENT # J91227 (5)

1. Corporation Name
MATANZAS ICE CORP.

Principal Place of Business
~~% WALTER L. BALLARD~~
~~P.O. BOX 2930~~
~~FT MYERS BEACH FL 33932~~

Mailing Address
~~% WALTER L. BALLARD~~ James B. Ballard
P.O. BOX 2930
FT MYERS BEACH FL 33932

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 2000 Main St.
Suite, Apt. #, etc.
22
City & State
23 Ft. Myers Beach, FL
Zip 24 33931 Country 25 Lee

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

3. Date Incorporated or Qualified: 09/01/1987
3a. Date of Last Report: 05/13/1994
4. FEI Number: 65-0004627 ☐ 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
BALLARD, JAMES B
2000 MAIN ST
FT. MYERS BEACH FL 33931

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	BALLARD, WALTER L.
STREET ADDRESS	2000 MAIN ST
CITY-ST-ZIP	~~FT MYERS FL~~
TITLE	DV
NAME	COMBS, DENNIS
STREET ADDRESS	2000 MAIN ST
CITY-ST-ZIP	~~FT MYERS FL~~
TITLE	~~V~~
NAME	~~BALLARD, WALTER L, JR.~~
STREET ADDRESS	~~2000 MAIN ST~~
CITY-ST-ZIP	~~FT MYERS FL~~
TITLE	PD
NAME	BALLARD, JAMES
STREET ADDRESS	2000 MAIN ST
CITY-ST-ZIP	~~FT MYERS FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Please remove no longer associated	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an asterisk.

SIGNATURE: James B. Ballard 2/8/95 813-463-4260
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
James B. Ballard

0451437 FP