

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J91227

(5)

1. Corporation Name

MATANZAS ICE CORP.



Principal Place of Business

2000 MAIN ST
P.O. BOX 2930
FT MYERS BCH FL 33931
US

Mailing Address

C/O BALLARD, JAMES. B
P O BOX 2930
FT MYERS BEACH FL 33932
US

2. Principal Place of Business

2a. Mailing Address

21 2000 Main Street

26 2000 Main Street

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 Fort Myers Beach, FL

28 Fort Myers Beach, FL

Zip Country

Zip Country

24 33931

25 Lee

29 33931

30 Lee

9. Name and Address of Current Registered Agent

BALLARD, JAMES B
2000 MAIN ST
FT. MYERS BEACH FL 33931

3. Date Incorporated or Qualified
09/01/1987

3a. Date of Last Report
02/13/1995

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

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 607.030, Florida Statutes.

SIGNATURE

Signature typed in plain text and signed by the registered agent or the corporation's board of directors.

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE DC	13.1 TITLE ☐ Change ☐ Addition
12.2 NAME BALLARD, WALTER L.	13.2 NAME
12.3 STREET ADDRESS 2000 MAIN ST	13.3 STREET ADDRESS
12.4 CITY, ST, ZIP FT MYERS BCH FL	13.4 CITY, ST, ZIP
12.5 TITLE DY	13.5 TITLE ☐ Change ☐ Addition
12.6 NAME COMBS, DENNIS	13.6 NAME
12.7 STREET ADDRESS 2000 MAIN ST	13.7 STREET ADDRESS
12.8 CITY, ST, ZIP FT MYERS BCH FL	13.8 CITY, ST, ZIP
12.9 TITLE PD	13.9 TITLE ☐ Change ☐ Addition
12.10 NAME BALLARD, JAMES	13.10 NAME
12.11 STREET ADDRESS 2000 MAIN ST	13.11 STREET ADDRESS
12.12 CITY, ST, ZIP FT MYERS BCH FL	13.12 CITY, ST, ZIP
12.13 TITLE ☐ DELETE	13.13 TITLE ☐ Change ☐ Addition
12.14 NAME	13.14 NAME
12.15 STREET ADDRESS	13.15 STREET ADDRESS
12.16 CITY, ST, ZIP	13.16 CITY, ST, ZIP
12.17 TITLE ☐ DELETE	13.17 TITLE ☐ Change ☐ Addition
12.18 NAME	13.18 NAME
12.19 STREET ADDRESS	13.19 STREET ADDRESS
12.20 CITY, ST, ZIP	13.20 CITY, ST, ZIP
12.21 TITLE ☐ DELETE	13.21 TITLE ☐ Change ☐ Addition
12.22 NAME	13.22 NAME
12.23 STREET ADDRESS	13.23 STREET ADDRESS
12.24 CITY, ST, ZIP	13.24 CITY, ST, ZIP
12.25 TITLE ☐ DELETE	13.25 TITLE ☐ Change ☐ Addition
12.26 NAME	13.26 NAME
12.27 STREET ADDRESS	13.27 STREET ADDRESS
12.28 CITY, ST, ZIP	13.28 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)(k), 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Ballard

2/8/96

941-463-4260

Corporate Phone #

CR2E034 (12/95)