


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90043 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K23186**

1. Corporation Name  
**FREEZE KING INCORPORATED**



Principal Place of Business % RANDALL W. O'NEILL 408 E CORNELL ST AVON PARK FL 33825	Mailing Address % RANDALL W. O'NEILL 408 E CORNELL ST AVON PARK FL 33825
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/06/1988
21	26	4. FEI Number 59-2902933
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	
24	25	
	29	30

9. Name and Address of Current Registered Agent

O'NEILL, RANDALL W.  
 408 E CORNELL ST  
 AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name Patricia A. O'Neill

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

83 1782 Ridge Street

84 City Sebring FL 85 Zip Code 33870

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 Patricia A. O'Neill Patricia A. O'Neill Pres. Jan 29, 1999

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

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, RANDALL W.	
STREET ADDRESS	408 E CORNELL ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	O'NEILL, PATRICIA A.	
STREET ADDRESS	1782 RIDGE STREET	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick R. O'Neill	
1.3 STREET ADDRESS	1782 Ridge Street	
1.4 CITY-ST-ZIP	Sebring, FL 33870	
2.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patricia A. O'Neill	
2.3 STREET ADDRESS	1782 Ridge Street	
2.4 CITY-ST-ZIP	Sebring, FL 33870	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Patricia A. O'Neill Patricia A. O'Neill 1/29/99 941-471-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)