

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 # **K51864** (2)

1. Corporation Name
ELLIOTT'S WALK-IN COOLERS, INC.



Principal Place of Business
**2109 EDISON AVENUE
JACKSONVILLE FL 32204**

Mailing Address
**2109 EDISON AVENUE
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified **12/16/1988** 3a. Date of Last Report **01/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2812802	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOLDT, CHARLES E.
8722 BARCO LANE
JACKSONVILLE FL 32222**

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, agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that the information furnished is true and accurate and that my signature shall have the same legal effect as if made under oath. 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		1.2 NAME	
CITY, ST, ZIP		1.3 STREET ADDRESS	
TITLE		1.4 CITY, ST, ZIP	
NAME	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY, ST, ZIP	
NAME	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY, ST, ZIP	
NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY, ST, ZIP	
NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY, ST, ZIP	
NAME	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
TITLE		6.4 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. 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: *Charles Boldt* **CHARLES BOLDT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 904-355-5620
Date Daytime Phone #

CR2E034 (12/95)