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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

STREET ADDRESS CITY-ST-ZIP



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K51864

**ELLIOTT'S WALK-IN COOLERS, INC.** 

(2)

## **FILED** Feb 10 1997 8:00am Secretary of State

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Drinning Di	and Province	hfa Com Adding							
2109 EDISON	ace of Business   AVENUE	Ü	Mailing Address 2109 EDISON AVENUE JACKSONVILLE FL 32204-2729						•19.1. 19e1
JACKSONVILI									
						3. Date Incorporated or Qualified 12/16/1988		ate of Last F 20/1996	Report
·	Place of Business	2a. Mailing Address			4. FLI Number Applied For				
21		26				59-2812802			ot Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	9. Name and Address of Curr	[29]	30						
D0		rent Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
	LDT, CHARLES E. 22 BARCO LANE		L						•
	CKSONVILLE FL 32222			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
				83					
				84	City		FL	<b>85</b> Zip	Code
11, Pursuar	nt to the provisions of Sections 607.0	9502 and 607.1508, Florida 5		ove	e-named corr	poration submits this statement for the p		f changino i	ts registered
office o	r registered agent, or both, in the Sta Lam familiar with, and accept the obli	ate of Florida, Such change	was authorized	by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	it the app	ointment as	registered
SIGNATURE		inguitoris of, oconor oor look	io, i ioritia biati	1100	٠.				
. SIGNATURE	Signature, typed or printed name of registered a		(NOTE: Registered	Age	nt signature requ	ired when reinstating)	3TACI		*
12.	<del></del>	AND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D DELETE DELETE		•	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS				Change	Addition
NAME STREET ADDRESS									
CITY-ST-ZIP	JACKSONVILLE FL				1				
TITLE	D	DELET	1.4 CH E 2.1 TH		1-71			Change	Addition
NAME	BOLDT, DORIS T.	_		2.2 NAME					
STREET ADDRESS	4544 5456 444F		2.3 \$11	iEE i	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2 4 Ci	IY-S	51 - ZiP				
TITLE		DELET	E 31 TH	LE				Change	Addition
NAME			3.2 NAI	ME					
STREET ADDRESS	\$				ADDRESS				
CITY-ST-ZIP TITLE		D DELET	3 4. 01		ST - ZIP			<u> </u>	
NAME		L_J DELFT						☐ Change	Addition
STREET ADDRESS			4 2 NA		ADDRESS				
CITY-ST-ZIP									
THLE	DELETE			4 4 CHY+S1+ZIP 51 THLF				☐ Change	Addition
NAME			5 2 NA					- 2	
STREET ADDRESS	S				ADORESS				
CITY-ST-ZIP			5.4 CIT	Y - S1	I - ZIP				
TITLE		☐ DELFT	E 6.1 TH	L E				Change	Addition
NAME			6.2 NA	VE	[				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 Pocks 3 if changes on an attachment with an address.

2/2/07

9AU355-5620