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

PROFIT CORPORATION ANNUAL REPORT. 🖍 1999. Gra



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90029 022 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K51864

1. Corporation Name

ELLIOTT'S WALK-IN COOLERS, INC.

| Principal Place of Business Mailing Address | | | | | • | | 91611 A1911 A1911 A | |
|---|--|--|----------------------|------------------------------------|----------------|--|---------------------|--------------|
| 2109 EDISON AVENUE JACKSONVILLE FL 32204 | | 2109 EDISON AVENUE JACKSONVILLE FL 32204 | | | | | | |
| | • | | | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 12/16/1988 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | Ar | plied For |
| 21 | • . | 26 | | | | 59-2812802 | No | t Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired : | Fee Re | equired |
| City & Sta | te | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added (| to Fees |
| Zip | Country | Zip | Cou | untry | | 8. This corporation owes the current year Ir | ntangible . | İ |
| 24 | 25 | | 30 | | | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | | . | | 10. Name and Address of New Registered | l Agent | |
| DO: | DT CUADITE F | | | 81 | Name | • | | |
| BOLDT, CHARLES E. | | | | 82 | Street Addres | Idress (P.O. Box Number is Not Acceptable) | | |
| | 2 BARCO LANE | | | | 000171.00101 | oo (i .o. box varibor to vot voodplable) | | |
| JAC | KSONVILLE FL 32222 | | | 83 | | | | |
| +1 | | | | L. | A 11 | | <u>; } </u> | in the time |
| | | • | | 84 | City | · FI | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statute | s, the a | bove- | named corpor | ration submits this statement for the purpose of | f changing its | registered |
| office or agent. I a | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was au tions of, Section 607.0505, Flor | thorized ida Stat | d by th tutes. | he corporation | s's board of directors. I hereby accept the appo | intment as re | gistered |
| SIGNATURE | | | | | | | | |
| | | | | egistered Agent signature required | | | | |
| 12. | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | D DOLDT CHARLES F | □ DELETE | 1,1 TI | | | | Change | Addition |
| NAME | BOLDT, CHARLES E. | • | 1.2 NAME | | | | | 1 |
| STREET ADDRESS | · · · · · · · - · · · · · · · · | | 1.3 STREE | | DDRESS | • | | } |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | • | ☐ Change | ☐ Addition |
| NAME | BOLDT, DORIS T. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 3722 BARCO LANE 238 | | TREETA | DORESS | | | 1 | |
| CITY-ST-ZIP | ACKSONVILLE FL 2.40 | | ITY-ST- | ZIP | • | | | |
| TITLE | ,, | . DELETE | 3.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 3.2 N | AME | | • | | |
| STREET ADDRESS | | | 3.3 ST | TREET A | DDRESS | | | |
| CITY-ST-ZIP | | | 3.4. C | my-st- | ZIP | | · ' , ', | |
| TITLE | | . DELETE | 4.1 T | | | • | ☐ Change | Addition |
| NAME | 1 | | 4. 2 N | AME | . [| | _ • | _ |
| STREET ADDRESS | | * · · · · · · · · · · · · · · · · · · · | | | DORESS | | | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TI | TY-ST-Z | LIF . | | Change | Addition |
| NAME | · | | 5.1 N | | | | CT Alguido | [_] Addition |
| | | | | - | DDRESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | Decemen | 5.4 CI 6.1 TI | TY-ST-Z | ZIP . | , | | |
| TITLE | l ' ' | □ DELETE | 0.1 111 | ILE | 1 | , | Change | ☐ Addition |

14. I hereby certify that the information supplied with this filing 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, on on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP