

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

**APPROVED  
AND  
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**95 MAY -1 AM 6:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT #** *K52143*  
1. Corporation Name  
*THE COOL-IT-MAN, INC.*

Principal Place of Business Mailing Address  
*6003 31st ST. E.  
BRADENTON, FL  
34203* *P.O. BOX 1576  
ONECO, FL  
34264*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
<i>6003 31st ST. E. BRADENTON, FL 34203</i>		<i>P.O. BOX 1576 ONECO, FL 34264</i>		<i>12/12/88</i>	<i>2/22/94</i>
21	26		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<i>59-2307421</i>	Not Applicable
22	27		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	28		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30		
Zip		Country		Zip	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<i>GREGORY C. MEISSNER 1111 THIRD AVE. W. SUITE 150 BRADENTON, FL 34205</i>				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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Name or correct name of registered agent and the filer) (NOTE: Registered Agent signature required when registered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PTD</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ARMISTICE H. DRYMON</i>	1.2 NAME	<i>000001485190</i>
STREET ADDRESS	<i>6003 31st ST. E.</i>	1.3 STREET ADDRESS	<i>-05/12/95--01017--018</i>
CITY ST ZIP	<i>BRADENTON, FL</i>	1.4 CITY ST ZIP	<i>****208.75 ****208.75</i>
TITLE	<i>VSD</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DONA F. DRYMON</i>	2.2 NAME	
STREET ADDRESS	<i>6003 31st ST. E.</i>	2.3 STREET ADDRESS	
CITY ST ZIP	<i>BRADENTON, FL</i>	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(5)(b), 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.

SIGNATURE: *[Signature]* DATE: *5/1/95*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *A.H. DRYMON*