

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L36050** (7)
1. Corporation Name
FIRST COLD TRANSPORTATION SERVICES, INC.



Principal Place of Business
**2625 WEST 5TH STREET
JACKSONVILLE FL 32202**

Mailing Address
**2625 WEST 5TH STREET
JACKSONVILLE FL 32254-2086**

3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 10/21/1996
4. FEI Number 59-2985610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SCOTT, WILLIAM J
1301 RIVERPLACE BOULEVARD
SUITE 1809
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name
SPENCE, CARLTON H
82. Street Address (P.O. Box Number is Not Acceptable)
1814 INDUSTRIAL BLVD
83.
84. City
JACKSONVILLE FL 85. Zip Code
32254

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: *Carlton H Spence*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	C/OIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, CARLTON H	1.2 NAME	SPENCE, CARLTON H
STREET ADDRESS	2625 WEST 5TH STREET	1.3 STREET ADDRESS	2625 WEST 5TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	JACKSONVILLE FLORIDA 32254
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SPENCE, JEFFREY C.
STREET ADDRESS		2.3 STREET ADDRESS	2625 WEST 5TH STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FLORIDA 32254
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SPENCE, RUBY H
STREET ADDRESS		3.3 STREET ADDRESS	2625 WEST 5TH STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE FLORIDA 32254
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, or on an attachment with an address.

SIGNATURE:

Carlton H Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97

786-8038