

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L36050**

1. Entity Name  
**FIRST COLD TRANSPORTATION SERVICES, INC.**



Principal Place of Business  
**2625 WEST 5TH STREET  
JACKSONVILLE, FL 32254**

Mailing Address  
**PO BOX 41064  
JACKSONVILLE, FL 32203**

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2985610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SPENCE, CARLTON H  
1814 INDUSTRIAL BLD.  
JACKSONVILLE, FL 32254**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000123481  
04/22/04-80006-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CDS
NAME	SPENCE, CARLTON H
STREET ADDRESS	2625 WEST 5TH STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32254
TITLE	D
NAME	SPENCE, JEFFREY C
STREET ADDRESS	2625 WEST 5TH STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32254
TITLE	P
NAME	BROWN, TERRY
STREET ADDRESS	2625 W. 55TH STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32254
TITLE	T
NAME	GIER, MARK
STREET ADDRESS	2625 2. 5TH STREET
CITY - ST - ZIP	JACKSONVILLE, FL 322254
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment, in an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 (904) 486-6050

Date

Daytime Phone #