

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90037 025 ***150.00

0413154

DOCUMENT # L86574

1. Corporation Name
CRYSTAL ICE MACHINE LEASING, INC.

Principal Place of Business

1467 GREENWOOD AVE SO
UNIT 12
CLEARWATER FL 34616
US

Mailing Address

1467 GREENWOOD AVE SO
UNIT 12
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1990

4. FEI Number

59-3034521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 510 So. KEYSTONE AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 510 So. KEYSTONE AVE
Suite, Apt. #, etc.

22 City & State

23 CLEARWATER FL.

24 Zip 33756 25 Country USA

27 City & State

28 CLEARWATER FL.

29 Zip 33756 30 Country USA

9. Name and Address of Current Registered Agent

MEALY, CHARLES R
1467 S GREENWOOD AVE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

CHARLES R. MEALY

82 Street Address (P.O. Box Number is Not Acceptable)

510 So. KEYSTONE AVE.

83

84 City

CLEARWATER

FL

85 Zip Code

33756

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME MEALY, CHARLES R
STREET ADDRESS 1467 GREENWOOD AVE SO
CITY-ST-ZIP CLEARWATER FL

TITLE VSD ☐ DELETE
NAME MEALY, EDWARD
STREET ADDRESS 1467 GREENWOOD AVE SO
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME CHARLES R. MEALY
1.3 STREET ADDRESS 510 So. KEYSTONE AVE.
1.4 CITY-ST-ZIP CLEARWATER FL. 33756

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME EDWARD MEALY
2.3 STREET ADDRESS 510 So. KEYSTONE AVE
2.4 CITY-ST-ZIP CLEARWATER FL. 33756

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

727-441-8780

CR2E034 (11/98)