

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM12:01

DOCUMENT # M87546

(1)

1. Corporation Name

CITY ICE OF MACCLENNY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% BRUCE W. KIRKLAND
P.O. BOX 4499 511 N. BLVD. WEST
MACCLENNY FL 32063
P.O. 1699

% BRUCE W. KIRKLAND
P.O. BOX 4499 511 N. BLVD. WEST
MACCLENNY FL 32063
P.O. 1699

3. Date Incorporated or Qualified

06/29/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

59-2922052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under § 189.032, Florida Statutes

☐

Yes

☐

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKLAND, BRUCE W.
511 NORTH BOULEVARD WEST
P.O. BOX 4499 1699
MACCLENNY FL 32063

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 607.0503, Florida Statutes.

SIGNATURE

Bruce W. Kirkland
Signature (typed or printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DP
KIRKLAND, BRUCE W.
P.O. BOX 4499 1699, 434 Cardinal Ln
MACCLENNY FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
KIRKLAND, KENT D.
P.O. BOX 1444, Lander St.
MACCLENNY FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
KIRKLAND, ANNIE L.
RT. 2 BOX 392 Lander St.
MACCLENNY FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

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(3)(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 incorporator, organizer, promoter, or owner, or 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 to this report.

SIGNATURE:

Bruce W. Kirkland, Pres.
Signature (typed or printed name of signing officer or director)

Date

Signature (typed or printed name of director)