

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000056692

1. Entity Name
DREW PARK COLD STORAGE, INC.



Principal Place of Business
109 N. BRUSH ST., STE. 440
TAMPA, FL 33602

Mailing Address
109 N. BRUSH ST., STE. 440
TAMPA, FL 33602



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3724657

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBY, CLARKE G
109 N. BRUSH ST., STE. 440
TAMPA, FL 33602

**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)

**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

1100000151276
05/04/04-80037-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MATHEWS, CAROLYN C
STREET ADDRESS 3317 W. MCKAY AVE.
CITY-ST-ZIP TAMPA, FL 33609

TITLE VSD
NAME MATHEWS, RUSSELL P
STREET ADDRESS 4602 S. MATANZAS AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(i), 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #