FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009971 (1)**

1. Corporate Name
ICE FACTORY, INC.

Principal Place of Business
710 NORTHEAST 17TH PLACE
OCALA FL 34470
US

Mailing Address
710 NORTHEAST 17TH PLACE
OCALA FL 34470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: 02/02/1993
3a. Date of Last Report: 08/22/1994

2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

City & State
23
City & State
28

Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-3160900 — 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 has liability for intangible tax under § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BALLARD, JAMES A
3320 SE 132ND LANE
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

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 Section 607.0505, 607.1008, 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BALLARD, JAMES A
STREET ADDRESS	5521 SOUTHEAST SECOND STREET
CITY, ST, ZIP	OCALA FL
TITLE	DVST
NAME	DUNCAN, MARY A
STREET ADDRESS	5688 BRECKENRIDGE CR.
CITY, ST, ZIP	ORLANDO FL 32818

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, pursuant to Section 607.0505, Florida Statutes, is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, as such director or officer.

SIGNATURE: James A. Ballard JAMES A. BALLARD 3-15-95 904 732-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0350440 CP