SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	l996	DIVISION OF	CORPORATIONS	;	
OCUN Corporation	MENT # P9300	0009971 (1))		
ICE FAC	CTORY, INC.) 340 Hau i 31 0 Haira (Hill 22 10) 24 00 26 0	114 8844 8848 1814 1814 1816 1886 HG
rincipal Place	of Business	Mailing Address			
10 NORTHEAS	ST 17TH PLACE	710 NORTHEAST 17TH	PLACE		
OCALA FL 344 US		OCALA FL 34470 US	. 2.00		
J3		US		3. Date Incorporated or Qualified 02/02/1993	3a. Date of Last Report 05/18/1995
. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
l		26		59-3160900	Not Applicable
Suite, Apt #	t, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
L		28	-T	Trust Fund Contribution	Added to Fees
Ζιρ	Country 25	Ζιρ 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199 032, 1 Yes : No
	9. Name and Address of Curre		[30]	10. Name and Address of New Re	
RAI	LARD, JAMES A		81 Name	BALLARD JAM	Es A.
	O SE 132ND LANE		82 Street Add	dress (P.O. Box Number is Not Acceptat	
	LEVIEW FL 34420		83	G N. E. SANK	.d .
			65		
			84 City	AIA	FL 85 Zip Code
1. Pursuant to	o the provisions of Sections 607 05	502 and 607.1508, Florida Statu	tan the obside served ser	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its registered
	poietered arount, or both, in the Stat	te of Etorida. Such channe was i	a ithorized by the cornoral	tion's board of directors. Thereby accept	t the appointment as registered
office or re agent I an	n familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes	, , ,	
agent Lan IGNATURE	n familiar with, and accept the obli	gations of, Section 607,0505, F	lorida Statutes	, , ,	
agent Lan	n familiar with, and accept the obli- Signature typed or printed name of registered a	gations of, Section 607.0505, F	OTE flug-stered Agent signature req	ared when reportating:	DATE
agent I an GNATURE	n familiar with, and accept the obli- Signature typed or printed name of registered a OF FICERS A	gations of, Section 607,0505, F	OTE fleg-stered Agent signature required. 13.	ared when respection: ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12 Charge Addit
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