


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000009971 (1)**

1. Corporation 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

2. Principal Place of Business 21 1734 N.E. 2nd Ave Suite, Apt. #, etc. 22 #2 City & State 23 OCALA, FL Zip 24 34470	2a. Mailing Address 26 P.O. Box 414 Suite, Apt. #, etc. 27 City & State 28 OCALA, FL Zip 29 34478 Country 30 MARION
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3. Date Incorporated or Qualified 02/02/1993	4. FEI Number 59-3160900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**BALLARD, JAMES A
1716 N. E. 8TH RD.
OCALA FL 34470**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 11439 N.E. 149th Place 84 City FT McCoy FL 85 Zip Code 32134

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 of 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 *James A. Ballard President* **JAMES A. BALLARD** **4-27-98**
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	DP <input type="checkbox"/> DELETE
NAME	BALLARD, JAMES A
STREET ADDRESS	1716 N. E. 8TH RD.
CITY-ST-ZIP	OCALA FL
TITLE	DVST <input type="checkbox"/> DELETE
NAME	DUNCAN, MARY A
STREET ADDRESS	5650 S. E. 38TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11439 N.E. 149th Place
1.4 CITY-ST-ZIP	FT. MCCOY, FL 32134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5688 Breckenridge Cir
2.4 CITY-ST-ZIP	Orlando, FL 32818
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of changed, or on an attachment with an address.

SIGNATURE *James A. Ballard President* **JAMES A. BALLARD** **4-27-98**

CR2E034 (10/97)