

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
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DOCUMENT # P93000030962 (3)

1. Corporation Name

NATURALLY COOL, INC.

Principal Place of Business

705-H PONDELLA RD
N FT MYERS FL 33903
US

Mailing Address

705-H PONDELLA RD
N FT MYERS FL 33903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

02/01/1994

4. FEI Number

65-0402991

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 S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1324 SE 2ND TERR.

Suite, Apt. #, etc.

22 City & State

23 CAPE CORAL, FL

24 33990 25 USA

2a. Mailing Address

26 1324 SE 2ND TERR.

Suite, Apt. #, etc.

27 City & State

28 CAPE CORAL, FL

29 33990 30 USA

9. Name and Address of Current Registered Agent

REYNOLDS, PAUL L
1324 SOUTHEAST SECOND TERRACE
CAPE CORAL FL 33990

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 Sections 607.0502 and 607.1503, 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

Signature (Print or printed name of registered agent and then append:)

DATE Registered Agent signature required when registering

4/10/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYNOLDS, PAUL L
STREET ADDRESS	1324 SE 2ND TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	S
NAME	REYNOLDS, SHERRIE R
STREET ADDRESS	1324 SE 2ND TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	T
NAME	REYNOLDS, SHERRIE
STREET ADDRESS	1324 SE 2ND TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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(5)(b), Florida Statutes. I further certify that the information included on this 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 and the name of the person authorized 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 omitted from the previous year.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/95

813-656-6888

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