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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

## FILED Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 P93000041895 (2) **DOCUMENT #** MARATHON 24 HOUR ICE, INC. Principal Place of Business Mailing Address 347 STIRRUP KEY BLVD 347 STIRRUP KEY BLVD MARATHON FL 33050 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0420302 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLS, WILLIAM T 347 STIRRUP KEY BLVDS 82 Street Address (P.O. Box Number is Not Acceptable) MARATHON FL 33050 83 84 City 85 Zip Code 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 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 (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TETLE MILLS, WILIAM T NAME 1.2 NAME 347 STIRRUP KEY BLVD STREET ADDRESS 1.3 STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4 4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

Change

Addition

SIGNATURE