

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060622

1. Corporation Name

ICEE SUPPLIES, SERVICE AND CONSULTANTS, INC.

Principal Place of Business

4190 BELFORT ROAD #240
JACKSONVILLE FL 32216

Mailing Address

4190 BELFORT ROAD #240
JACKSONVILLE FL 32216

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90218 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

59-3199773

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1201 San Amaro Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 1201 San Amaro Rd.
Suite, Apt. #, etc.

22 City & State
23 Jacksonville, FL 32207

27 City & State
28 Jacksonville, FL 32207

24 Zip 32207 Country USA

29 Zip 32207 Country USA

9. Name and Address of Current Registered Agent

SLAGLE, SUSAN
4190 BELFORT ROAD
STE. 190
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name Susan Slagle

82 Street Address (P.O. Box Number is Not Acceptable)
1201 San Amaro Rd.

83

84 City Jacksonville FL 85 Zip Code 32207

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

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
NAME DST
STREET ADDRESS BARNES, GLEN R
CITY-ST-ZIP 420 PAGE ROAD
NASHVILLE TN 37205 ☐ DELETE

TITLE
NAME D
STREET ADDRESS BARNES, SUE L
CITY-ST-ZIP 420 PAGE ROAD
NASHVILLE FL 37205 ☐ DELETE

TITLE
NAME D
STREET ADDRESS BARNES, TERRI D
CITY-ST-ZIP 309 APPOMATTOX DR.
BRENTWOOD TN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)