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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morghern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065716 (1)

1. Corporation Name
ICES GROUP, INC.

Principal Place of Business

9331 FOWLER AVENUE E.
THONOTOSASSA FL 33592
US

Mailing Address

P.O. BOX 290183
TAMPA FL 33687-0183



2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite Apt. # etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
11/08/1996

4. FEI Number
59-3266954

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

9. Name and Address of Current Registered Agent

KELLY, KURTIS K
8607 ANGLERS POINT DR.
TEMPLE TERRACE FL 33637

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 607.1508, 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 of Registered Agent or Director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KELLY, KURTIS K	
STREET ADDRESS	8607 ANGLERS POINT DR.	
CITY - ST - ZIP	TEMPLE TERRACE FL 33637	
TITLE	VPD	☐ DELETE
NAME	MAGGARD, GRADY E	
STREET ADDRESS	37518 GEIGER RD.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
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	VICE PRESIDENT
3.3 STREET ADDRESS	JACK R SIEGLE
3.4 CITY - ST - ZIP	13225 110TH AVE NORTH LARGO FLA 34644
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 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

SIGNATURE:

Kurt Kelly
SIGNATURE AND TYPED OR PRINTED NAME

Kurt Kelly
SIGNING OFFICER OR DIRECTOR

7-1897 83-9860402
Date Daytime Phone #

CR2E034 (9/96)