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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9400067161

DIVISION OF CORPORATIONS

## **FILED** May 17, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 05-17-1999 90016 035 \*\*\*150.00

1. Corporation Name BAR ICE, INC.		
Principal Place of Business	Mailing Address	[
4470 60TH AVENUE NO. ST PETERSBURG FL 33714 US	4470 60TH AVENUE NO. ST PETERSBURG FL 33714 US	DO NOT WRITE IN THIS SPACE
05	00	3. Date Incorporated or Qualifed 09/13/1994

	o, manie and madiodo of t			To- 00 0. 1		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
Zip	Country 25	Zip <b>29</b>	Country 30	<ol><li>This corporation owes the current year</li><li>Personal Property Tax.</li></ol>	ar Intangible ☐ Yes ☐ No	
City &	State	City & Sta	ate	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Suite,	e, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
1	26		59-3266657	Not Applicable		
2. Principal Place of Business		2a. Mailing Ad	ddress	4. FEI Number	Applied For	

WIER, JOHN B JR 4450 - 60TH AVE. NORTH ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent			
81	Name James M. Rush		
02	Street Address (P.O. Box Number is Not Acceptable)		
83			
		25	Zin Codo

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 agent. I am amilia with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE	Signature, typed or printed name of registered	t arbitrard title if applicable (NOTE: R	egistered Agent signature re	equired when reinstating) DATE	7	
12.		S AND DIRECTORS				
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	DIANE WELTON		1.2 NAME			
STREET ADDRESS	4470 60TH AVENUE NO.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP			
	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	RUSH, JAMES M.		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-ST-ZIP			
TITLE	PD	<b>₩</b> DELETE	31 TITLE		Change	☐ Addition
NAME	WIER, JOHN B JR		3.2 NAME			
STREET ADDRESS	4450 00714 4145 11		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE VP	Rod Suders 4470 60+AUNO. St. Petusbury, FC 3	Change	Addition
NAME			4.2 NAME	Who a some as		
STREET ADDRESS			4.3 STREET ADDRESS	24.10 60 1.44.5.40.	20 II.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	stretuctum, FC s	<u> 57 14 </u>	
TITLE	=====	☐ DELETE	5.1 TITLE	,	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)