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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000020658 (7)

WRIGHT ICE COMPANY

Principal Place of Business

636 N. BEAL PARKWAY FORT WALTON BEACH FL 32547 Mailing Address

636 N. BEAL PARKWAY

## FILED Jan 23 1998 8:00am Secretary of State



FORT WALTON BEACH FL 32547  2. Principal Place of Business		FORE WALE	FOR! WALTON BEACH FL 32547				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 03/13/1995				
2 Principal Pla	ace of Business	2a. Mailing A	. Mailing Address				4. FEI Number		App	lied For	
		26	26				59-3311373	[	Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired		. <b>75</b> A	dditional Juired	
City & State	3	City & State					6. Election Campaign Financing	\$5	.00	Mav Be	
23		28					Trust Fund Contribution		ided to		
Zip	Country	Zip		Count	гу		8. This corporation owes or has paid the cu	ırrent ye	ar Inta	ngible	
24	25	29	[	30				Yes Yes		No	
	<ol><li>Name and Address of Current</li></ol>	t Registered Age	ent				10. Name and Address of New Registered	Agent		· · · · · · · · · · · · · · · · · · ·	
МО	ORE, JESSE E			8	1	Name					
642	N BEAL PKWY			8	2	Street Addr	ress (P.O. Box Number is Not Acceptable)			<del> </del>	
FOI	RT WALTON BEACH FL 32547					Ottoet Addi	ini ees (r. i.e. nor traffiner is 1401 noveletane)				
				8		City		los l	Zip C	ode	
				8	4	City	FL	85	Zip C	oue	
SIGNATURE							coration submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate when relastating)  DATE			<u> </u>	
12.	Signature, typed or printed name of registered age OFFICERS AN		JION)	13.	പ്പ	ı. sığıraxore requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRF	CTORS	IN 12	
TITLE	D OFFICERS AN		DELETE	1.1 1171.5	_		ADDITIONOJO IANGEO TO OTT IOSTO AIR	☐ Ch		Additio	
NAME	MOORE, JESSE E	-		1.2 NAM				_			
STREET ADDRESS	642 N BEAL PKWY					ADDRESS					
	FORT WALTON BEACH FL			1.4 CITY							
CITY-ST-ZIP TITLE	D	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 1111.6		: - ZIF		☐ Ch	ange	Additio	
NAME	MOORE, LANA J	_	_ >=====	2.2 NAM							
STREET ADDRESS	642 N BEAL PKWY					ADDRESS	MS.				
CITY-ST-ZIP	FORT WALTON BEACH FL			2, 4 CITY							
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NAME			_	3.2 NAM	E				-		
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP				3.4 CITY		1					
TITLE			DELETE	4.1 TITLE				Ch	ange	Additio	
NAME				4. 2 NAM	!E						
STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY	-ST	í - ZIP					
TITLE			DELETE	5.1 TITLE				☐ Ch	ange	Additio	
NAME				5.2 NAM	E						
STREET ADDRESS				5.3 STRE	ET A	ADORESS					
CITY-ST-ZIP		······	<u> </u>	5.4 CITY		i - ZIP					
TITLE			DELETE	6.1 TITLE	•			∐ Ch	ange	Additio	
NAME				6.2 NAM	E						
STREET ADDRESS				6.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				6.4 CITY	-ST	r-zip				- 4	

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.

NATURE XAMAJAM DOLLIRED VICE-Predisent 01-14-18 (850862-891)