FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P95000036164 (8)

FLORIDA BEVERAGE AND ICE, INC.

FLORIDA DEVERAGE AND	ICL, INC.					
Principal Place of Business	Mailing Address				36193 11119 81191 11216 81111 6151 1051	
1270 BELLE AVE.	1270 BELLE AVE.					
SUITE 101	*	SUITE 101 WINTER SPRINGS FL 32708				
WINTER SPRINGS FL 32708	WINTER SPRINGS FL	. 32/00		3. Date Incorporated or Qualified 3a. 05/01/1995	Date of Last Report	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-331454	Not Applicable	
Suite, Apt. #, etc.	· · · —			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Cay & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
City & State	28			Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	/	8. This corporation has liability for intangi	ible tax under s 199.032,	
25	29	30	·	Florida Statutes 🔀 Yes 🔲		
9. Name and Address o	of Current Registered Agent		r- 	10. Name and Address of New Registe	ered Agent	
		81				
RUGGIERO, JOSEPH L JR		82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
1191 DEER LAKE CIR.		83				
APOPKA FL 32712		03				
		84	City		FL 85 Zip Code	
familiar with, and accept the obligations SIGNATURE Synature, typed or printed harms of regi	istored agrad and title if agriph cable (NY	THE Fing America Age	al Symphet real me		MIL S AND DIDECTORS IN 12	
12. OFFIC	CERS AND DIRECTORS	13.	- ·T	ADDITIONS/CHANGES TO OFFICE IS	CT Character NO Addition	
TITLE	DELETE	1. 1 TITLE 1.2 NAME	T.	oseph L. Ruggiero, 81 191 Deer Lake Circle	k.	
NAME			r ADDRESS	191 Deck Lake Circle	, -	
STREET ADDRESS CHY+S1-ZIP		14 CITY -	ST-7/P	POPKON PC 32712		
THE	DELETE	2 111716			Change Addition	
NAME		2.2 NAME				
STREET ADDRESS		2 3 S 1RE6	T ADDRESS			
CITY-S1-ZIF		2.4 Cily-			Change Addition	
TITLE	☐ DELETE	3 1 1111.6			Change C Modition	
NAME		3.2 NAME	ET ADDRESS			
STREET ADDRESS		3.4 CITY	ì			
CITY-ST-ZIP TITLE	DELETE	4. 1 1/1/16			Change Addition	
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREE	ET ADORESS			
CITY - ST - ZIP		4.4 CITY	ST-7(P			
TITLE	☐ DELETE	5 1 1:TE			☐ Change ☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS			F1 ADDRESS			
CITY-ST-ZIP	T DELETE	5.4 CITY			Change Addition	
TITLE	☐ DELETE	6.2 NAMI				
NAME		1	EL ADORESS			
SYREET ADDRESS		6.4.001	-SI - 7IP			
14. Lido hereby certify that the information	supplied with this filing is voluntarily fur	rnished and do	es not qualify	for the exemption stated in Section 119.07(3)	(k), Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I furner certify that the information indicated on this annual report is 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAM OFFICER OR DIRECTOR

Provident

(407) 695-7933