

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 # **P95000089960 (5)**

1. Corporation Name

EASTERN FLORIDA COOLERS INC.



Principal Place of Business

Mailing Address

PHILLIP MCHUGH
10725 S. OCEAN BLVD.
JENSEN BEACH FL 34957

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10725 S. OCEAN BLVD.
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3290 NE INDIAN RIVER DR**

26 **3290 NE INDIAN RIVER DR**

4. FEI Number
650-62-7526

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **JENSEN BEACH, FL.**

City & State

28 **JENSEN BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **34957**

25 Country **U.S.A.**

29 Zip **34957**

30 Country **U.S.A.**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name **PALLINE MCHUGH**
82 Street Address (P.O. Box Number is Not Acceptable) **10725 S. OCEAN DR.**
83 **LOT 152**
84 City **JENSEN BEACH, FL** 85 Zip Code **34957**

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 607.0509, Florida Statutes.

SIGNATURE

Pamela G. McHugh, Director of Marketing

April 25, 1996

Signature, typed or printed name of registered agent and title (application)

(NOTE: Registered agent signature required with reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	FRANK CASARELLA	
STREET ADDRESS	1424 NEWMAN AVE.	
CITY-ST-ZIP	SEERKONK, MA. 02771	
TITLE	VICE PRES + TREASURER	<input type="checkbox"/> DELETE
NAME	RAYMOND GEORGE JR.	
STREET ADDRESS	180 READ STREET	
CITY-ST-ZIP	SEERKONK, MA. 02771	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PHILIP T. MCHUGH	
STREET ADDRESS	10725 S. OCEAN DR LOT 152	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Philip T. McHugh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 **407-334-3357**
Date Daytime Phone #

CR2E034 (12/95)