

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90218 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011550

1. Corporation Name

FUNTIME ICE SERVICE INC.

Principal Place of Business

5020 45TH AVENUE NORTH
ST. PETERSBURG FL 33709

Mailing Address

5020 45TH AVENUE NORTH
ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

59-3350740

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing -- ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CLARK, AL
12300 S. BELCHER RD.
SUITE 104E
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name	Jose H. Fonte
82 Street Address (P.O. Box Number is Not Acceptable)	5020 45 Ave No
83	
84 City	St. Pete FL
85 Zip Code	33709

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 607.0503 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

5-20-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME
VP
FONTE, SUZANNE
STREET ADDRESS
5020 45 AVE. NO.
CITY-STATE-ZIP
ST. PETE FLTITLE ☐ DELETENAME
P
FONTE, JOSE
STREET ADDRESS
5020 45TH AVENUE NORTH
CITY-STATE-ZIP
ST. PETERSBURG FL 33709TITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)