

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000077489 (8)**

1. Corporation Name
CITY ICE, INC.

Principal Place of Business

**312 SW 2ND STREET
OKEECHOBEE FL 34974**

Mailing Address

**312 SW 2ND STREET
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0698047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLAIR, TERRY D
312 SW 2ND STREET
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAIR, TERRY D	
STREET ADDRESS	19 EAGLE BAY DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 33472	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002281641--6	
1.3 STREET ADDRESS	-08/29/97--01112--013	
1.4 CITY-ST-ZIP	***165.00 ***165.00	

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 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.

SIGNATURE

A. Alan
8/28/97

CR2E034 (4/97)

"WE SELL THE BEST
and service the rest"



pg. 2 of 2
(813) 763-8391
JUPITER: (407) 744-8458
(800) 741-3994
FAX: (813) 467-1607

312 S.W. 2nd Street • Okeechobee, FL 34974

COMMERCIAL • INDUSTRIAL • RESIDENTIAL

JULY 22, 1997

FLORIDA DEPT OF STATE
SANDRA B MORTHAM
SEC OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL 32314

DEAR DIVISION OF CORPORATIONS:

WE ARE IN RECEIPT OF A "2ND" RENEWAL NOTICE FOR CITY ICE INC., WE
DID NOT RECEIVE THE 1ST NOTICE FOR THIS CORPORATION.

CITY ICE, INC., HAS NOT CONDUCTED ANY BUSINESS AS YET BUT WE DO
WANT TO KEEP IT ACTIVE AS A CORPORATION FOR FUTURE OPTIONS FOR
BUSINESS. HOWEVER, THE SUM OF \$550. IS KIND OF A SUBSTANTIAL FEE
WHEN WE WERE UNDER THE IMPRESSION THAT THE RENEWAL FEE WAS IN THE
\$200. RANGE. WHAT PROCEDURES CAN WE GO THROUGH TO GET THIS FEE
BACK TO NORMAL RANGE WHEN THE FIRST RENEWAL FOR SOME REASON DID NOT
REACH US.

YOUR TIMELY RESPONSE TO THIS MATTER WOULD BE GREATLY APPRECIATED.

RESPECTFULLY,

JUDY FLETCHER
ACCOUNTING DEPT.