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

~~PROFIT~~
CORPORATION
ANNUAL REPORT
1998

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

FILED
98 MAY -1 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000093269 (4)**

1. Corporation Name
BEEF'S ON ICE, INC.

Principal Place of Business	Mailing Address
1802 1/2 MACDILL AVE. TAMPA FL 33629	1802 1/2 MACDILL AVE. TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1996

2. Principal Place of Business	2a. Mailing Address
21 505 E. Jackson Street	26 505 E. Jackson Street
Suite, Apt. #, etc. 22 Suite 308	Suite, Apt. #, etc. 27 Suite 308
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33602	Zip 29 33602
Country 25 USA	Country 30 USA

4. FEI Number: 59-3422094 ☐ 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	10. Name and Address of New Registered Agent
MCINTOSH, ANDREW L 101 EAST KENNEDY BLVD. STE 2000 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 900000251548 9--0 -05/07/98--01076--025 84 City ****150.00 FL ****150.00

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MELODY, JAMES		1.2 NAME	MELLODY, JAMES	
STREET ADDRESS	1802 1/2 MACDILL AVE.		1.3 STREET ADDRESS	505 E. Jackson Street, Ste. 308	
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME			2.2 NAME	Douglas A. Wright	
STREET ADDRESS			2.3 STREET ADDRESS	400 N. Ashley Drive	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME			3.2 NAME	Bernard A. Barton, Jr.	
STREET ADDRESS			3.3 STREET ADDRESS	400 N. Ashley Drive	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ DELETE	4.1 TITLE	VP/D	☐ Change ☒ Addition
NAME			4.2 NAME	R. Marshall Rainey	
STREET ADDRESS			4.3 STREET ADDRESS	P.O. Box 380 N/A	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, FL 33601	
TITLE		☐ DELETE	5.1 TITLE	T/D	☐ Change ☒ Addition
NAME			5.2 NAME	Robert Rainey	
STREET ADDRESS			5.3 STREET ADDRESS	P.O. Box 380 N/A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33601	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE _____ (813) 237-5500