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Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000037086 (0)

1. Corporation Name
KASHER-MASON ICE HOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9TH ST. AND 1ST ST. STEINHATCHEE FL 32259	9TH ST. AND 1ST ST. STEINHATCHEE FL 32259

3. Date Incorporated or Qualified: 04/25/1997

4. FEI Number: 59-3445391 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~HAYTER, JOHN F~~
~~704 NE 1ST ST.~~
~~GAINESVILLE FL 32601~~

DEBorah M. Kasher
[redacted]
500 First Ave
Steinhatchee Fla 32359

10. Name and Address of New Registered Agent

81 Name: DeBorah M Kasher
82 Street Address (P.O. Box Number is Not Acceptable): [redacted]
83
84 City: Steinhatchee FL 85 Zip Code: 32359

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] Deborah M. Kasher DATE 6-9-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KASHER, DEBORAH M	
STREET ADDRESS	P.O. BOX 718	500 N First Ave
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	V	☒ DELETE
NAME	KASHER, GEOFFREY	
STREET ADDRESS	P.O. BOX 718	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	ST	☐ DELETE
NAME	MASON, VERLYN T	NA
STREET ADDRESS	P.O. BOX 718	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE		☐ DELETE
NAME	NA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME	NA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME	NA	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition

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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 [signature] 4-28-98 352 ...