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PROFIT **CORPORATION ANNUAL REPORT**

1998

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STREET ADDRESS

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CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069824 (5)

THE ICE HOUSE SHOPS, INC.

Principal Place of Business Mailing Address P.O. BOX 1461 P.O. BOX 1481 FERNANDINA BEACH FL 32035 FERNANDINA BEACH FL 32035 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 2a, Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \Box Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Z(p)This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 BALLARD, DONNA A 2044 PIRATES POINT RD. Street Address (P.O. Box Number is Not Acceptable) 82 FERNÁNDINA BEACH FL 32301 63 84 Zip Code City 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 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 privited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE BALLARD, DÖNNA A 1.2 NAME NAME P.O. BOX 1461 1.3 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32035 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7/P CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 6.1 TITLE NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

FILED Apr 22 1998 8:00am Secretary of State



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