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

DOCUMENT # **P97000093908 (6)**i. Corporation Name

COOLER/FREEZER SERVICE, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



1441 EAST NEW YORK AVENUE DELAND FL 32724		1441 EAST NEW YOR DELAND FL 32724	1441 EAST NEW YORK AVENUE DELAND FL 32724		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal Pla	ce of Business	2a. Mailing Address			10/30/1997 4. FEI Number	Tar	plied For
21		26 SAME			59-348 2955		of Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.				¢0.75	
22		27			5. Certificate of Status Desired	Fee Re	I
City & State		City & State	├─ŋ ´		6. Election Campaign Financing \$5.00 May Be		
Zip Country		28	Zip Country		Trust Fund Contribution Added to Fees		
24	25	29	30	/	8. This corporation owes or has paid the		_ ~
	9. Name and Address of Cui				Personal Property Tax due June 30. 2 Yes No. 10. Name and Address of New Registered Agent		
COL	E, SCOTT		81	Name			
1441 EAST NEW YORK AVENUE			20	82 Street Address (P.O. Box Number is Not Acceptable)			
	AND FL 32724	•	82	Street Auc	reet 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 Sta	itutes, the abov	l e-named cor	poration submits this statement for the purp	one of changing it	s registered
price or reg	gi stered agent, or both, in the SI I fam iliar with, and accept the of	ate of Florida. Such change wa	is authorized b	the corpora	ation's board of directors. I hereby accept th	e appointment as	registered
SIGNATURE		g	rionau ottilalo	J .			
SIGNATURE	gnature, typed or printed name of registeres	agent and title if applicable (I	NOTE Registered Age	nt signature requ	red when reinslating) D	ATE	
12.		AND DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PRES.	☐ DELET E	1.1 TITLE			[] Change	☐ Addition
NAME	SCOTI COCE	en Aux	1.2 NAME	}			
			1.3 STREET				ļ
CITY-ST-ZIP TITLE			1.4 CITY - S 2.1 TITLE	17 - ZIP		Change	☐ Addition
l L	DONE TONE		22 NAME			C) change	L Addition
STREET ADDRESS 1441 C. NOW YOR		DRK AVE	2.3 STHEET	ACIDRESS			
CITY-ST-ZIP	DELANO FI	32724	2.4 City-St-ZiP				
TITLE			3.1 THE			☐ Change	Addition
NAME			3.2 NAME			-	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-5	51 - 21P			
TITLE	•		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S	T - ZIP		T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	14400
TITLE			5.1 TITLE			Change	☐ Addition
NAME OTDEET ADDRESS			5.2 NAME	IDDDEGG			ŀ
STREET ADDRESS CITY-ST-ZIP			5.3 STREET				
TITLE	-ZIP DELETE		5.4 CITY - S 6.1 TITLE	I - ZIP		Change	Addition
NAME	j	- Millie	6.2 NAME			Щ спапус	L MUUIUUII
STREET ADDRESS	*		6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
VI			0.4 0111113	I : KII			

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 altrachment with an address.