

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039413

Corporation Name
COOL CARRIER, INC.

Principal Place of Business
SIXTH STREET NORTH WEST
WINTER HAVEN FL 33881

Mailing Address
512 SIXTH STREET NORTH WEST
WINTER HAVEN FL 33881



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4709 Crump Rd.

2a. Mailing Address
26 P.O. Box 9500

3. Date Incorporated or Qualified
04/30/1998

4. FEI Number
59-3425657

Suite, Apt. #, etc.
UNIT 1
City & State
WINTER HAVEN, FL

Suite, Apt. #, etc.
27
City & State
28 WINTER HAVEN, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
33851

Country
25 USA

Zip
29 33883

Country
30 USA

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOWDY, OREN K
3545 HARBOR LANE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
Roy V. Dowdy
82 Street Address (P.O. Box Number is Not Acceptable)
235 6TH ST NW #113
83
84 City
WINTER HAVEN FL 85 Zip Code
33881

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.

NATURE
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/2/99
DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1.2 NAME OREN K DOWDY
	1.3 STREET ADDRESS 3545 HARBOR LANE
	1.4 CITY-ST-ZIP WINTER HAVEN FL 33880
<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	2.2 NAME ROY V. DOWDY
	2.3 STREET ADDRESS 235 6TH ST NW #113
	2.4 CITY-ST-ZIP WINTER HAVEN, FL 33881
<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

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: REQUIRED

9-2-99

941-439-7887

CR2E034 (5/99)