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FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90059 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000048245**

1. Corporation Name  
**FLIGHT ICE, INC.**



Principal Place of Business  
**600 HERNDON AVE  
ORLANDO FL 32801**

Mailing Address  
**600 HERNDON AVE  
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3614 EAST AMELIA ST**

2a. Mailing Address  
**P O BOX 1823**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORLANDO, FL 32803**

**ORLANDO, FL 32802**

Zip Country

Zip Country

**25**

**30**

3. Date Incorporated or Qualified

**05/27/1998**

Applied For  
Not Applicable

4. FEI Number

**59-3516066**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KIRCHHOEFER, JOHN D  
600 HERNDON AVE  
ORLANDO FL 32801**

81 Name

**JOHN D. KIRCHHOEFER**

82 Street Address (P.O. Box Number is Not Acceptable)

**3614 E AMELIA STREET**

83

84 City

**ORLANDO**

**FL**

85 Zip Code

**32803**

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, typed or printed name of registered agent and title if applicable.

**JOHN D. KIRCHHOEFER**

**1/8/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **KIRCHHOEFER, JOHN D**  
STREET ADDRESS **600 HERNDON AVE**  
CITY-ST-ZIP **ORLANDO FL 32801**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT**

☒ Change ☐ Addition

1.2 NAME

**JOHN D. KIRCHHOEFER**

1.3 STREET ADDRESS

**11 BROWN STREET**

1.4 CITY-ST-ZIP

**ORLANDO, FL 32801**

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/99**

**407/894-0453**

Date

Daytime Phone #

CR2E034 (11/98)