

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V03183** (3)

1. Corporation Name  
**KIRK'S ICE, INCORPORATED**



Principal Place of Business: **1106 MONUMENT AVENUE PORT ST. JOE FL 32456**  
Mailing Address: **1106 MONUMENT AVENUE PORT ST. JOE FL 32456**

2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **12/23/1991** 3a. Date of Last Report: **04/26/1995**  
4. FCI Number: **59-3101151** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**MOORE, ROBERT M.  
324 REID AVENUE  
PORT ST. JOE FL 32456**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0107 and 607.0108, Florida Statutes, I, above named corporation, submit 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 607.0107, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Signature of the individual who is the registered agent for the corporation. If the registered agent is a corporation, the signature of the president or other officer of the corporation.

12. OFFICERS AND DIRECTORS

11	NAME	<b>D</b>	<input type="checkbox"/> DELETE
	STREET ADDRESS	<b>ABRAMS, ALINE V. 1106 MONUMENT AVENUE PORT ST. JOE FL</b>	
	CITY-STATE-ZIP		
12	NAME	<b>D</b>	<input type="checkbox"/> DELETE
	STREET ADDRESS	<b>ABRAMS, EUGENE 1106 MONUMENT AVE PT. ST. JOE FL</b>	
	CITY-STATE-ZIP		
13	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY-STATE-ZIP		
14	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE
	STREET ADDRESS		
	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	
	CITY-STATE-ZIP	
12	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	
	CITY-STATE-ZIP	
13	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	
	CITY-STATE-ZIP	
14	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	
	CITY-STATE-ZIP	
15	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	
	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 president 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 originally filed with an address.

SIGNATURE: *Eugene Abrams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 90A-639-

CR2E034 (12/95)