FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **208180** **(0)**

1. Corporation Name

PENSACOLA REFRIGERATION SUPPLY INC

Principal Place of Business	Mailing Address
1620 W CERVANTES STREET PO BOX 18207 PENSACOLA FL 32523-5207	1620 W CERVANTES STREET PO BOX 18207 PENSACOLA FL 32523-5207

3. Date Incorporated or Qualified: **12/11/1957**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — Suite, Apt. #, etc. (21, 22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address — Suite, Apt. #, etc. (26, 27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **59-0624917** ☐ 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

COX,CHARLES F
1620 W CERVANTES ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: COX, MARY DEAN
82 Street Address (P.O. Box Number is Not Acceptable): 1620 WEST CERVANTES STREET
83
84 City: PENSACOLA **FL** 85 Zip Code: 32501

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: Mary Dean Cox — MARY DEAN COX - PRESIDENT — 02/26/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD COX,CHARLES F 2401 NAGEL DRIVE PENSACOLA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD COX, MARY DEAN 2401 NAGEL DRIVE PENSACOLA, FL. 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COX,MARY DEAN 2401 NAGEL DRIVE PENSACOLA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COX, MARY DEAN 2401 NAGEL DRIVE PENSACOLA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S BROWN, MARY C. 6495 CENTRAL AVENUE MILTON, FL. 32583	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, BEN A., JR. 2102 SEMUR ROAD PENSACOLA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Mary Dean Cox — MARY DEAN COX - PRESIDENT — 02/26/96 — 904 433-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #