

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 18 PM 2:47

DOCUMENT # 312384

(1)

1. Corporation Name

PALM BEACH REFRIGERATION, INC.

Principal Place of Business

2555 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33409

Mailing Address

2555 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1966

3a. Date of Last Report

02/21/1994

4. FEI Number

59-1156047

Applied For

Not Applicable

2. Principal Place of Business

21 2555 Old Okeechobee Road

2a. Mailing Address

26 2555 Old Okeechobee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

FLOWERS, LOWELL P.
7406 WILSON ROAD
WEST PALM BEACH FL

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 607.0502 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 of Agent, registered agent, registered agent for the corporation

Signature of Registered Agent (required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE TS
NAME FLOWERS, PRISCILLA MARIE
STREET ADDRESS 7406 WILSON RD
CITY, ST, ZIP WEST PALM BEACH, FL00000

TITLE PD
NAME FLOWERS, LOWELL
STREET ADDRESS 7406 WILSON RD
CITY, ST, ZIP WEST PALM BEACH, FL00000

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY, ST, ZIP

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

38 TITLE ☐ Change ☐ Addition

39 NAME

40 STREET ADDRESS

41 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.17(4)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons 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 added, please print with an address.

SIGNATURE:

Lowell P. Flowers
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/95

407 478-3941