FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 25 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 425335 (7)

1. Corporation Name
BENNINK'S REFRIGERATION SERVICE, INC.

Principal Place of Business	Mailing Address
4201 N. PALAFOX ROAD PENSACOLA FL 32505 US	P. O. BOX 18907 PENSACOLA FL 32523 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1973
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21: 8101 TOWN STREET
22: Suite, Apt. #, etc.
23: City & State: PENSACOLA, FL
24: Zip: 32505
25: Country: ESCAMBIA

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

4. FEI Number: 59-1461046 ☐ 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

BENNINK, GARY P.
3525 MARJEAN DR
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: BENNINK, GARY P.
82 Street Address (P.O. Box Number is Not Acceptable): 4645 BAYWOOD DRIVE
83:
84 City: PENSACOLA FL 85 Zip Code: 32504

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P.D	☒ Change ☐ Addition
NAME	BENNINK, GARY P.	1.2 NAME	BENNINK, GARY P.	of Address
STREET ADDRESS	3525 MARJEAN DR	1.3 STREET ADDRESS	4645 BAYWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	BENNINK, JOYCE T.	2.2 NAME	BENNINK, JOYCE T.	of address
STREET ADDRESS	3525 MARJEAN DR	2.3 STREET ADDRESS	4645 BAYWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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 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: Gary P Bennink 2/14/95 904 432-2214
SIGNATURE AND TYPE OR PRINT NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0460766 FP