

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar-22, 2004 08:00 AM
Secretary of State

DOCUMENT # 425335

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



Principal Place of Business

**2101 TOWN STREET
PENSACOLA, FL 32505 US**

Mailing Address

**P. O. BOX 18907
PENSACOLA, FL 32523 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1461046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENNINK, GARY P.
4645 BAYWOOD DRIVE
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BENNINK, GARY P.
4645 BAYWOOD DRIVE
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BENNINK, JOYCE T.
4645 BAYWOOD DRIVE
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/22/04-80040-001 150.00

12. 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 report or supplemental 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 10 or Block 11 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

3/18/04

Date

850-432-2214

Daytime Phone #