2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90220 040 ***150.00

DOCUMENT # F77349

1. Entity Name
GULF AND ATLANTIC FREEZER CORPORATION

Principal Place of Business	Mailing Address
RAFFIELD, CARL E. "GENE"	RAFFIELD, CARL E. "GENE"
1624 GROUPER AVE	P.O. BOX 309
PORT ST. JOE FL 32456	PORT ST. JOE FL 32456

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1624 GROUPER AVENUE	P.O. BOX 309
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. JOE, FLORIDA	City & State: PORT ST. JOE, FLORIDA
Zip: 32456 Country:	Zip: 32457 Country:

4. FEI Number 59-1225281 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAFFIELD, EUGENE 1624 GROUPER AVENUE PORT SAINT JOE FL 32456	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1624 GROUPER AVENUE PORT ST. JOE, FLORIDA 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW PORT SAINT JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1624 GROUPER AVENUE	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED EUGENE RAFFIELD 01/31/03 (850) 229-8229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)