2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F77349 **DOCUMENT #**

1. Entity Name

GULF AND ATLANTIC FREEZER CORPORATION



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90220 040 ***150.00

l	GOO WE THE

_		_									
	e of Business RL E. "GENE" .	Mailing Addre		•							
1624 GROUPE	R AVE	P.O. BOX 309	1								
PORT ST. JOE		PORT ST. JO					1111 1 8 6 11 1 8 8 1 1	1 1	18 (SIL BLB)	RIGII GIRII DID	(L B (B () B (B) () 188)
. 511. 61. 601											
2. Principal P	lace of Business	3. Mailing Add	dress		 -						
	OUPER AVENUE	P.O. B									
Suite, Apt.		Suite, Apt. #		••••		,	uz.				
outu, ripti		33.10, 7 pt. 7	,			į	M CHECK	HERE	IF MAKIN	IG CHANGE	ES
City & State	9	City & State			1	FEI Numbe				 1	Applied For
PORT ST		PORT S'		FLORIDA	"	LITTOMBE	59-122	5281		\vdash	Not Applicable
Zip	Country	Zip	JOE,	Country						\$8.75	
, .		1		Country	5.	Certificate of	of Status De	sired		Fee Requ	
32456	6. Name and Address of Current	32457			7	Name and	Address of	Now D	egietere		
	o. Name and Address of Current	negistered Agen	·	Name	· · · · · · ·	Name and	Audiess Of	HEW IN	egisteret	a Agein	
DAEEIEI D	ELICENE			140,116			•				
RAFFIELD,				Street A	ddress (P.O. E	3ox Number	is Not Acce	eptable)		
-1624 GRO	uper avenue										
PORT SAIN	NT JOE FL 32456										
	_ · _ · _ · - ·			-						. 1 = .	- 4
				City					F	L Zip C	ode
P The above	named entity submits this statement fo	t the purpose of c	bonging its r	pointared office o	r registered as	ant or both	in the State	o of Elo	rido Lor	n familiar wit	th and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and little if applicable	/NOTE:	Registered Agent signa	bure required when	reinetation)			DATE		
	Dignature, typed of printed filerine of registered again.	ала кие и аррпсакле.	more.	Hegisteleti Agent signa	tore redolled Wilest	enistating)			DAIL		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State)	ction Campa st Fund Cont	_	_		.00 May Be led to Fees
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			1 11.	ΔΓ	Trus	st Fund Cont	tributior	n.	☐ Ādo	led to Fees
After Make Check 10. —	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND	DIRECTORS	Delate	11,	AL	Trus	st Fund Cont	tributior	n.	D Add	led to Fees
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD	DIRECTORS	Delete	TITLE	JA.	Trus	st Fund Cont	tributior	n.	☐ Ādo	led to Fees
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G."	DIRECTORS	Delete	TITLE NAME	A	Trus	st Fund Cont	tributior	n.	D Add	led to Fees
After Make Check 10. TITLE STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW	DIRECTORS	Delete	TITLE NAME STREET ADDRESS	AI	Trus	st Fund Cont	tributior	n.	D Add	led to Fees
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST, ZIP	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL	DIRECTORS		TITLE NAME	AI	Trus	st Fund Cont	tributior	n.	Add	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST, ZIP	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL	DIRECTORS	Delete Delete	TITLE NAME STREET ADDRESS	A	Trus	st Fund Cont	tributior	n.	D Add	ded to Fees ORS IN 11 e
After Make Check 10. IIILE STREET ADDRESS CITY-ST, ZIP IIILE NAME	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE	DIRECTORS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	Trus	st Fund Cont	tributior	n.	Add	ded to Fees ORS IN 11 e
After Make Check 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW	DIRECTORS		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1624 G	Trus DDITIONS/C	ST FUND CONT	O OFFI	n. CERS AN	D DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE	DIRECTORS		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Trus DDITIONS/C	ST FUND CONT	O OFFI	n.	D DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW	DIRECTORS XI		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1624 G	Trus DDITIONS/C	ST FUND CONT	O OFFI	n. CERS AN	D DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D	DIRECTORS XI	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1624 G	Trus DDITIONS/C	ST FUND CONT	O OFFI	n. CERS AN	Add ND DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE	DIRECTORS XI	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1624 GE PORT ST	ROUPER	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS XI	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1624 G	ROUPER	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE	DIRECTORS X	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1624 GE PORT ST	ROUPER	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS X	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME NAME NAME NAME NAME NAME	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS X	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS X	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME NAME NAME NAME NAME NAME	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS XI	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS XI	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS XI	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS XI	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS XI	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add Add DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add ND DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add Add DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of OFFICERS AND PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW	DIRECTORS	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	1624 GE PORT ST	DOUTIONS/O	CHANGES T	O OFFI	n. CERS AN	Add Add DIRECTO Chang Chang Chang Chang	ded to Fees ORS IN 11 e

of the corporation or the receiver or trustee empowered to execute his 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 PROPERTY REQUIRES OF DIRECTOR RAFFIELD WATCHE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

01/31/03 Date

(850)_229**-**8229

Daytime Phone #