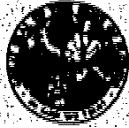


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 26 AM 7:23

DOCUMENT # G27041 (4)

1. Corporation Name
MOORE'S FREEZER SALES OF FLORIDA, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**333 FAULKENBURG RD.
SUITE E-502
TAMPA FL 33619** **333 FAULKENBURG RD.
SUITE E-502
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/09/1983 **01/28/1994**

4. FEI Number Applied For
59-2270146 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

9. Name and Address of Current Registered Agent
**GRIFFIN, JAMES
333 FAULKENBURG RD.
SUITE 131 A
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GRIFFIN, SANDRA
STREET ADDRESS	1008 CORNWALL COURT
CITY-ST-ZIP	BRANDON, FL 00000
TITLE	P
NAME	GRIFFIN, JAMES
STREET ADDRESS	1008 CORNWALL COURT
CITY-ST-ZIP	BRANDON FL
TITLE	T
NAME	GRIFFIN, MATTHEW
STREET ADDRESS	1008 CORNWALL CT.
CITY-ST-ZIP	BRANDON FL
TITLE	S
NAME	GRIFFIN, MICHAEL
STREET ADDRESS	1008 CORNWALL CT.
CITY-ST-ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: Sandra Griffin **SANDRA GRIFFIN** 4-20-95 813-654-6228
SIGNATURE AND TYPED OR PRINTED NAME OF NOMING OFFICER OR DIRECTOR Date Daytime Phone #