

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000083355 (6)**

1. Corporation Name

**PARKER & SON REFRIGERATION, INC.**



Principal Place of Business

Mailing Address

5543 PEACH AVE  
SEFFNER FL 33584

5543 PEACH AVE.  
SEFFNER FL 33584

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

02/09/1995

4. FEI Number

59-3216847

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

10. Name and Address of New Registered Agent

PARKER, DONALD  
5543 PEACH AVE.  
SEFFNER FL 33584

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the filer

DATE Registered Agent Signature Received (When Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  DELETE  
NAME: PARKER, DONALD  
STREET ADDRESS: 5543 PEACH AVE.  
CITY-STATE-ZIP: SEFFNER FL 33584

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-STATE-ZIP:

TITLE: D  DELETE  
NAME: PARKER, SARAH  
STREET ADDRESS: 5543 PEACH AVE.  
CITY-STATE-ZIP: SEFFNER FL 33584

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-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: *Donald F Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8-96 813-681-1177  
DATE OF FILING DATE OF PHONE #

CR2E034 (12/95)