2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMALS F. PARKER

FILED DOCUMENT # P93000083355 Jan 22, 2007 08:00 AM **Secretary of State** 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 - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number 59-3216847 Not Applicable Country Zip Country Ζφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo PARKER, DONALD Street Address (P.O. Box Number is Not Acceptable) 5543 PEACH AVE. SEFFNER FL 33584 City 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. OHE Schmidgly pack of pinised pack of the FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Change ☐ Addution HHIE □ Delete TATLE U00000598313 PARKER, DONALD NAMI NAMI 01/24/07-80071-006 150.00 5543 PEACH AVE. STREET ADDRESS STREET ADORESS SEFFNER FL 33584 CHY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE NAME NAMI STREET ADDRESS STRUET ADDRESS CHY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete IIII Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-7IP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST 7IP Delete Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY: ST-7IP Addition ☐ Change HHIE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; that I am an efficer 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

Jan 19,2007 813-681-1177