

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

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 376786

(0)

BAY COLD STORAGE, INC.

223 E BEACH DR
WILLIAM T COOK
PANAMA CITY FL 32401-3116
US

223 E BEACH DRIVE
PANAMA CITY FL 32401
US

2. Filing of Certificate of Incorporation		2a. Filing of Certificate of Incorporation		3. Date of Incorporation (or Reorganization)		3a. Date of Last Report	
21		26		02/08/1971		05/01/1994	
22		27		4. FID Number		Applied Fee	
23		28		59-1323239		Not Applicable	
24		29		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		31		6. This corporation has liability for intangible tax under S. 199.032?		Not Applicable	

9. Name and Address of Current Registered Agent

FARRELL, SAMUEL A.
180 DERBY WOODS DR.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (If C1 Box Number is Not Applicable)
B3	
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(6), 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 607.03(5), Florida Statutes.

SIGNATURE

(Signature of person who has been appointed as registered agent)

(Signature of Registered Agent or person authorized to sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P FARRELL, SAMUEL A	NAME	[] Change [] Addition
STREET ADDRESS	180 DERBY WOOD	NAME	
CITY, STATE, ZIP	LYNN HAVEN FL	STREET ADDRESS	
NAME	S FARRELL, L CHERYL	CITY, STATE, ZIP	[] Change [] Addition
STREET ADDRESS	180 DERBY WOOD	NAME	
CITY, STATE, ZIP	LYNN HAVEN FL	STREET ADDRESS	
NAME		CITY, STATE, ZIP	[] Change [] Addition
STREET ADDRESS		NAME	
CITY, STATE, ZIP		STREET ADDRESS	
NAME		CITY, STATE, ZIP	[] Change [] Addition
STREET ADDRESS		NAME	
CITY, STATE, ZIP		STREET ADDRESS	
NAME		CITY, STATE, ZIP	[] Change [] Addition
STREET ADDRESS		NAME	
CITY, STATE, ZIP		STREET ADDRESS	
NAME		CITY, STATE, ZIP	[] Change [] Addition
STREET ADDRESS		NAME	
CITY, STATE, ZIP		STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption status provided for in Sections 199.03(2) and 199.03(5), Florida Statutes. Further, I certify that the information supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as if made under oath. I am also certifying that the corporation or the registered agent has accepted this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1 of the Certificate of Change filed on an official document with an address.

SIGNATURE:

(Signature and typed name of signing officer or director)

5595 904.7687648