FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 376786 (0)

1. Corporation Name

BAY COLD STORAGE, INC.

Principal Place of Business	Mailing Address
223 E BEACH DR ~~% WILLIAM T COOK~~ PANAMA CITY FL 32401-3116 US	223 E BEACH DRIVE PANAMA CITY FL 32401 US

3. Date Incorporated or Qualified: 02/08/1971
3a. Date of Last Report: 05/10/1995
4. FEI Number: 59-1323239 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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

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

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE ___ (Signature of New Registered Agent) ___ DATE ___

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1-1 TITLE	[ ] Change [ ] Addition
NAME	FARRELL, SAMUEL A		1-2 NAME	
STREET ADDRESS	180 DERBY WOOD		1-3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL		1-4 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	2-1 TITLE	[ ] Change [ ] Addition
NAME	FARRELL, L CHERYL		2-2 NAME	
STREET ADDRESS	180 DERBY WOOD		2-3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL		2-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3-1 TITLE	[ ] Change [ ] Addition
NAME			3-2 NAME	
STREET ADDRESS			3-3 STREET ADDRESS	
CITY-ST-ZIP			3-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4-1 TITLE	[ ] Change [ ] Addition
NAME			4-2 NAME	
STREET ADDRESS			4-3 STREET ADDRESS	
CITY-ST-ZIP			4-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5-1 TITLE	[ ] Change [ ] Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6-1 TITLE	[ ] Change [ ] Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: L Cheryl Farrell (signature) L. Cheryl Farrell 4-11-96 904-763-1648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)