

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 004 ***150.00

DOCUMENT # 689 703

1. Entity Name

Taylor Refrigeration, Inc.



DO NOT WRITE IN THIS SPACE

60029123

2. Principal Place of Business

TAYLOR REFRIG. INC.
Suite, Apt. #, etc.

3. Mailing Address

119-HWY, 79.90.
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

P.O.B., FL.

City & State

P.O.B., FL.

4. FEI Number

59-196-9370

Applied For

Not Applicable

Zip

32413

Country

BAV

Zip

32413

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TAYLOR REFRIG. INC.

Street Address (P.O. Box Number is not acceptable)

119-HWY, 79.90

City

P.O.B., FL.

FL

Zip Code

32413

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IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Robert David Taylor

(NOT Registered Agent signature required when reinstating)

DATE

4-19-06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert David Taylor
President
103-Colina Cir.
P.O.B., FL. 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
TRKUA TAYLOR
103-COLINA CIRCLE
P.O.B., FL. 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
TRKUA TAYLOR

TITLE
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CITY-ST-ZIP

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12. I 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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert David Taylor President. 4-19-06

Date

Daytime Phone #

850-234-3200