FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY -1 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855536** **(9)**

1. Corporation Name
AMANA REFRIGERATION, INC.

Principal Place of Business	Mailing Address
HIGHWAY 220 AMANA IA 52204 US	HIGHWAY 220 AMANA IA 52204 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2800 220th Trail
22: Suite Apt. # etc.
23: City & State: Amana, IA
24: Zip: 52204
25: County: Iowa

2a. Mailing Address
26:
27: Suite Apt. # etc.
28: City & State:
29: Zip:
30: County:

4. FEI Number: **04-2772716** ☐ 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

6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Section 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. Each 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	CPD	1 TITLE	☐ Change ☐ Addition
2 NAME	SWAM, ROBERT L.	2 NAME	
3 STREET ADDRESS	HIGHWAY 220	3 STREET ADDRESS	
4 CITY ST ZIP	AMANA IA	4 CITY ST ZIP	
5 TITLE	VSD	5 TITLE	Vice President ☐ Change ☒ Addition
6 NAME	ANDREWS, STEVE R.	6 NAME	Leonard P. Kaiser
7 STREET ADDRESS	HIGHWAY 220	7 STREET ADDRESS	2800 220th Trail
8 CITY ST ZIP	AMANA IA	8 CITY ST ZIP	Amana, IA 52204
9 TITLE	VD	9 TITLE	☐ Change ☐ Addition
10 NAME	L'ESPERANCE, THOMAS F.	10 NAME	
11 STREET ADDRESS	HIGHWAY 220	11 STREET ADDRESS	
12 CITY ST ZIP	AMANA IA	12 CITY ST ZIP	
13 TITLE	VT	13 TITLE	☐ Change ☐ Addition
14 NAME	BOYLE, BRUCE C.	14 NAME	
15 STREET ADDRESS	HIGHWAY 220	15 STREET ADDRESS	
16 CITY ST ZIP	AMANA IA	16 CITY ST ZIP	
17 TITLE	T	17 TITLE	☐ Change ☐ Addition
18 NAME	SOLOMON, MARVIN M.	18 NAME	
19 STREET ADDRESS	HIGHWAY 220	19 STREET ADDRESS	
20 CITY ST ZIP	AMANA IA	20 CITY ST ZIP	
21 TITLE	V	21 TITLE	☐ Change ☐ Addition
22 NAME	WATTS, MICHAEL P.	22 NAME	
23 STREET ADDRESS	HIGHWAY 220	23 STREET ADDRESS	
24 CITY ST ZIP	AMANA IA	24 CITY ST 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)(i), 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 added to the report or on an attachment with an address.

SIGNATURE: Bruce C. Boyle — 5/1/95 — 319-622-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489100 FN