FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

May 08 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F77349 (1)**GULF AND ATLANTIC FREEZER CORPORATION** Principal Place of Business Mailing Address RAFFIELD, CARL E. "GENE" RAFFIELD, CARL E. "GENE" P.O. BOX 309 P.O. BOX 309 DO NOT WRITE IN THIS SPACE PORT ST. JOE FL 32456 PORT ST. JOE FL 32456 3. Date Incorporated or Qualified 04/22/1982 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For Not Applicable 21 26 59-1225281 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAFFIELD, CARL E. "G." CANAL AND HIGHLAND VIEW 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. JOE FL 32456 83 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 117116 RAFFIELD, CARL E. "G." NAME 1.2 NAME CR2E034 CANAL & HIGHLAND VIEW STREET ADDRESS 1.3 STREET ADORESS PORT ST. JOE FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE Change Addition RAFFIELD, EMOGENE 2.2 NAME CANAL & HIGHLAND VIEW STREET ADDRESS 23 STREET ADDRESS PORT ST. JOE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 DILE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 Till E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP City - St - 7iP 14. 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 annual report or supplemental annual report is tyle 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 of trugen empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an appearable with an indirector.

FILED

CARL E. RAFFIELD - PRESIDENT - 04/30/98 (850) 229-8229