

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000000175 (8)

1. Corporation Name

AUTO INTERNATIONAL REFRIGERATION, INC.



Principal Place of Business

3005 HANSROB RD.  
ORLANDO FL 32804

Mailing Address

3005 HANSROB RD.  
ORLANDO FL 32804

2. Principal Place of Business

2a. Mailing Address

25 P.O. Box 7412

27 Suite, Apt. #, etc.

23 City & State

23 Fort Worth TX

24 Zip

25 Country

29 Zip

30 Country

29 76111

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

4. FEI Number

75-1714342

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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 607.1538, 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, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | PCD                          | <input type="checkbox"/> DELETE |
| NAME            | STOERCK, THOMAS H            |                                 |
| STREET ADDRESS  | 16155 FIRESTONE LANE         |                                 |
| CITY - ST - ZIP | CHINO HILLS CA               |                                 |
| TITLE           | VD                           | <input type="checkbox"/> DELETE |
| NAME            | PASCHAL, ROGER D             |                                 |
| STREET ADDRESS  | 321 HAROLD LANE              |                                 |
| CITY - ST - ZIP | WEATHERFORD TX               |                                 |
| TITLE           | STD                          | <input type="checkbox"/> DELETE |
| NAME            | RAMSEY, J D                  |                                 |
| STREET ADDRESS  | 5750 E. UNIVERSITY BLVD #439 |                                 |
| CITY - ST - ZIP | DALLAS TX                    |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |      |  |
|---------------------|------|--|
| 1.1 TITLE           | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |      |  |
| 1.3 STREET ADDRESS  |      |  |
| 1.4 CITY - ST - ZIP |      |  |
| 2.1 TITLE           | COST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |      |  |
| 2.3 STREET ADDRESS  |      |  |
| 2.4 CITY - ST - ZIP |      |  |
| 3.1 TITLE           | D    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |      |  |
| 3.3 STREET ADDRESS  |      |  |
| 3.4 CITY - ST - ZIP |      |  |
| 4.1 TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |      |  |
| 4.3 STREET ADDRESS  |      |  |
| 4.4 CITY - ST - ZIP |      |  |
| 5.1 TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |      |  |
| 5.3 STREET ADDRESS  |      |  |
| 5.4 CITY - ST - ZIP |      |  |
| 6.1 TITLE           |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |      |  |
| 6.3 STREET ADDRESS  |      |  |
| 6.4 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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 817-831-2291 x501

Date

Daytime Phone #

CR2E034 (12/95)