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 # G09030 (9)

1. Corporation Name

P.A.C. REFRIGERATION, INC.

Principal Place of Business

6316 SAN JUAN AVE
SUITE 150
JACKSONVILLE FL 32210
US

Mailing Address

P.O. BOX 6296
JACKSONVILLE FL 32236

3. Date Incorporated or Qualified: 11/19/1982
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2350303 ☐ 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

PETERSON, FERNEY B
3805 ALDINGTON DRIVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Robin E Peterson
82 Street Address (P.O. Box Number is Not Acceptable): 5380 Colonial Ave.
83
84 Jacksonville, FL 85 Zip Code 32210

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] DATE 4/29/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	PETERSON, FERNEY B	
STREET ADDRESS	3805 ALDINGTON DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	President	☐ DELETE
NAME	Robin E Peterson	
STREET ADDRESS	5380 Colonial Ave	
CITY-ST-ZIP	Jacksonville, FL 32210.	
TITLE	VP	☐ DELETE
NAME	Michele P. Peterson	
STREET ADDRESS	5380 Colonial Ave.	
CITY-ST-ZIP	Jacksonville, FL 32210.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Robin E Peterson	
1.3 STREET ADDRESS	5380 Colonial Ave.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	Michele P Peterson	
2.3 STREET ADDRESS	5380 Colonial Ave	
2.4 CITY-ST-ZIP	Jacksonville, FL 32210	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] 4/29/96 904 380-1912

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