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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

G65021

(9)

MOBILE TRAILER REFRIGERATION, INC.

Mailing Address

FILED May 05 1998 8:00am Secretary of State

6831 COMMONWEALTH AVENUE JACKSONVILLE FL 32205			6531 COMMONWEALTH AVENUE JACKSONVILLE FL 32205				DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualified 10/12/1983				
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Applied For		
<u> </u>			26	26			59-2337107			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Z ip	Country 25	Zip Coi			ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. A Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
MANGEN, NUDENI N. ON.					81	Name						
					62	Street Addre	Address (P.O. Box Number is Not Acceptable)					
				Ī	83							
				Ī	84	City		FL	85	Zip Code		
1	I. Pursuant to the provision	ons of Sections 607 05	02 and 607.1508, Florida Statu	tes, the ab	ove	-named corp	oration	submits this statement for the purpose of	chan	ging its 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND	13.	ADDITIONS/CHANG	SES TO OFFICERS AN	D DIRECTOR	RS IN 12					
TITLE	PD	DELETE	1 1 11TLE			Change	Addition				
NAME	KANEER, ROBERT ROY		1.2 NAME								
STREET ADDRESS	1645 PERSHING ROAD		1.3 STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP								
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition				
NAME	KANEER, JR. R		2.2 NAME								
STREET ADDRESS	9318 GENNA TRACE TRAIL		2.3 STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP								
TITLE	ST	☐ DELETE	3.1 TITLE			Change	☐ Addition				
NAME	KANEER, DONNA LEE		3.2 NAME				,				
STREET ADDRESS	1645 PERSHING RD		3.3 STREET ADDRESS	e .							
CITY-ST-ZIP	JACKSONVILLE FL		3 4. CITY - ST - ZIP			_					
TITLE		☐ DEL e te	4.1 TITLE			Change	☐ Addition				
NAME			4. 2 NAME			`*					
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP		,	4.4 CITY-ST-ZIP								
TITLE		DELETE	5.1 TITLE			Change	☐ Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE		DELETE	6.1 TITLE			Change	☐ Addition				
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY - ST - ZIP			6.4 CITY+ST-ZIP	···							

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 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: ROBERT R. KANEER SE