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

DOCLI	MENT # J561 7	70 (0)				
1. Corporation	ERSON REFRIGERATION.	(-)				
Principal Place of Business Mailing Address				4 124(1) & 8181 8181 8189 1181 48	air agus Giail gigir Biğil Aigil Aigil Biğil 1981	
1433 ILLINOIS AVE. 501 FIRST AVENUE, NORTH, SUITE 900 ST. PETERSBURG FL 34683 US			1433 ILLINOIS PALM HARBOR FL 34683		Date Incorporated or Qualified	
		US		02/05/1987	3a. Date of Last Report 05/01/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2764827	Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	,	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	8. This corporation has liability fo		
24	9. Name and Address of Curre	29	30		s (SQ) No	
	g, Hallo Ella Addioos of Carl	om negletered Agent	81 Name	10. Name and Address of New	negistered Agent	
COHRS	DENIS A] "+	homas J. Henderson		
COHRS, DENIS A. 800 SECOND AVE SOUTH			82 Street At	Idress (P.O. Box Number is Not Accepta 133 Illinois Avenue	ıble)	
STE 380			83	THINDIS ADEADE		
	ERSBURG FL 33701					
			84 City 7	Falm Harbor	FL 85 Zip Code 34683	
familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	irida. Such chande was authorizi	ed by the corporation's b	poration submits this statement for the property of directors. I hereby accept the applications are supported by the second of directors.	urpose of changing its registered office a pointment as registered agent. I am	
	Signature, typed or printed name registered age		TE Registered Agent signature req		1/18/96	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
THLF NAME	HENDERSON, THOMAS J.	☐ DELETE	1. 1 TITLE		Change Addition	
STREET ADDRESS	1433 ILLINOIS AVENUE		1.2 NAME			
	PALM HARBOR FL		1.3 STREET ADDRESS			
CHY-SI-7/P TITLE	1 ALM TRAIDON 1 E	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	4V	☐ Change 为 Addition	
NAME		[] otten	2.2 NAME		Change 🔀 Addition	
STREET ADDRESS				Hazel A. Henderson 1483 Illinois Avenue		
CITY-ST-ZIP				Palm Harbor, FL 3466	(3	
TITLE		DELETE	3. 1 TITLE	<i>7.</i> – <i>4.</i> – <i>4.</i>	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CP: Y - ST - ZIP			34 CITY-ST-ZIP			
1111		☐ DELETE	4 1 TITLE		Change Addition	
MAINC.			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY+ST- ZIP		רו מנונונ	4.4 CITY-ST-ZIP			
NAME		☐ DELETE	5 1 TITLE 52 NAME		Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS		İ	
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			6 2 NAME		EJ Grandon	
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - S1 - ZIP			
14. I do hereby	certify that the information supplied	I with this filing is voluntarily furni	shed and does not qualif	y for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further	

4. 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 OF PROTED NAME OF SIGNING OFFICER OR DIRECT

4//18/96

8/3-774-88/9 Daytime Prione # CR2E034 (12/95)