

1-28-97 B-0400 -C

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

FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73513

(0)

1. Corporation Name

SUB-ZERO REFRIGERATION, INC.

Principal Place of Business

148 BAYWOOD AVE.
LONGWOOD FL 32750

Mailing Address

148 BAYWOOD AVE.
LONGWOOD FL 32750-3415

3. Date Incorporated or Qualified

05/19/1987

3a. Date of Last Report

02/12/1996

4. FEI Number

59-2802332

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 144 Baywood Av.

Suite, Apt. #, etc.

22

City & State

23 Longwood, FL

Zip

24 32750

Country

2a. Mailing Address

26 144 Baywood Av.

Suite, Apt. #, etc.

27

City & State

28 Longwood, FL

Zip

29 32750

Country

30

9. Name and Address of Current Registered Agent

PALMER, HUGH M.
1150 LOUISIANA AVE.
SUITE 4
WINTER PARK FL 32789

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETENAME GOVERNALE, WILLIAM C.
STREET ADDRESS 5450 WILSON RD.
CITY-ST-ZIP SANFORD FLTITLE DS ☐ DELETENAME GOVERNALE, LORI
STREET ADDRESS 5450 WILSON RD.
CITY-ST-ZIP SANFORD FLTITLE VP ☐ DELETENAME PROUDFOOT, JOSEPH
STREET ADDRESS 183 WILDWOOD
CITY-ST-ZIP SANFORD FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP ☒ Change ☐ Addition12 NAME GOVERNALE, William C.
13 STREET ADDRESS 2478 River Tree Circle
14 CITY-ST-ZIP Sanford, FL 3277121 TITLE DS ☒ Change ☐ Addition22 NAME GOVERNALE, LORI
23 STREET ADDRESS 2478 River Tree Circle
24 CITY-ST-ZIP Sanford, FL 3277131 TITLE ☐ Change ☐ Addition32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP41 TITLE ☐ Change ☐ Addition42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/22/97 (407) 332 9557

CR2E034 (9/96)