

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90076 012 ***150.00

DOCUMENT # J73513

1. Corporation Name
SUB-ZERO REFRIGERATION, INC.

Principal Place of Business

**144 BAYWOOD AVE
LONGWOOD FL 32750
US**

Mailing Address

**144 BAYWOOD AVE
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1987

4. FEI Number

59-2802332

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

25

Zip

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** ☐ DELETE
NAME **GOVERNALE, WILLIAM C.**
STREET ADDRESS **2478 RIVER TREE CIR**
CITY-ST-ZIP **SANFORD FL**

TITLE **DS** ☐ DELETE
NAME **GOVERNALE, LORI**
STREET ADDRESS **2478 RIVER TREE CIR**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ DELETE
NAME **PROUDFOOT, JOSEPH**
STREET ADDRESS **4016 SHADY OAK CT.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **CFO** ☐ DELETE
NAME **HATTAWAY, DANE P.**
STREET ADDRESS **P.O. Box 9108**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE **VP** ☐ DELETE
NAME **SAUSER, MICHAEL A.**
STREET ADDRESS **269 E. LONGCREEK CANY**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

(407) 332-9557

Daytime Phone #

CR2E034 (11/98)