FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUL 11 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BOYD REFRIGERATION, INC.

DOCUMENT # L03315 (3)

Mailing Address
1129 NOTH US HIGHWAY 1
604 COMMERCIAL AVE
ORMOND BEACH FL 32174

Principal Place of Business
1129 NOTH US HIGHWAY 1
604 COMMERCIAL AVE
ORMOND BEACH FL 32174

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1989
3a. Date of Last Report: 05/01/1993

2. Mailing Address
21 111 Rio WAY
Suite, Apt. #, etc. 22
City & State 23 Ormond Bch Fl
Zip 24 32174 Country 25 USA

2a. Principal Place of Business
26 111 Rio WAY
Suite, Apt. #, etc. 27
City & State 28 Florida, Ormond
Zip 29 32174 Country 30 USA

4. FEI Number: 59-2963155 — 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
BOYD, LAWRENCE J., JR.
1129 NORTH US HIGHWAY 1
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name: Boyd Lawrence J. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 111 Rio WAY
83
84 City: Ormond Bch FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Lawrence J. Boyd Jr. Pres. DATE: 6-28-94
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required if not previously)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	BOYD, LAWRENCE J., JR
1.3 STREET ADDRESS	1129 N. US 1
1.4 CITY, ST, ZIP	ORMOND BEACH FL
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
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)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the law vest to bind or empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears on Block 1.0 or Block 1.0 (if typed) or on an attachment with an address.

SIGNATURE: Lawrence J. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-28-94 Daytime Phone: 904 677-1990