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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000007832 (8)

1. Corporation Name

SOUTHEASTERN REFRIGERANT MANAGEMENT, INC.

Principal Place of Business

6593-20 POWERS AVE.
JACKSONVILLE FL 32217
US

Mailing Address

P. O. BOX 78
CHRISTMAS FL 32709
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-3162236

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 23706 TEX WHEELER AVE

Suite, Apt. #, etc.

22

23 CHRISTMAS FL

24 32709 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

BRITT, MICHAEL
6593-20 POWERS AVE.
BLDG. C
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name MICHAEL L. BRITT

82 Street Address (P.O. Box Number is Not Acceptable)
23706 TEX WHEELER AVE

83

84 City CHRISTMAS FL 85 Zip Code 32709

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 P ☐ DELETE

NAME BRITT, MICHAEL
STREET ADDRESS 23706 TEX WHEELER AVE.
CITY-ST-ZIP CHRISTMAS FL

TITLE V ☐ DELETE

NAME WEST, LOREN R.
STREET ADDRESS 8025 COLEE COVE RD.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ST ☐ DELETE

NAME ROYER, DAVID
STREET ADDRESS 3802 VICKERS LAKE DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: X Michael L. Britt PRESIDENT MICHAEL L. BRITT 2-4-98 407 88-4811

CR2E034 (10/97)