FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000041732 (7) **DOCUMENT #**

BILL YOUNG REFRIGERATION,	INC.			
Principal Place of Business	Mailing Address	·		



Principal Place	of D. winner	h d = 11			
·		Mailing Address			
RT 10 BOX I		RT 10 BOX 61-Y LIVE OAK FL 32060			
US	. 3200	US			
					e of Last Report
Ornoical Dis	and of Charles	1.4 14.9 24			03/30/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.		26 Suite, Apt #, etc.		59-3199864	Not Applicable
22	,, 0.0.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	Oity & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country U,5.	Ζφ	Country 11.5.	8. This corporation has liability for intangible t	
24	25 Suwanne Co	29	30 SIIWAMBLE C	Florida Statutes 🔲 Yes 🖼 No	
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name <		
	, WILLIAM J		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
ROUTE 10, BOX 370					
LIVE OA	VK FL 32060		83		
			84 City		85 Zip Code
······································				FL	-
11. Pursuant t or register	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	and 607.1508, Florida Statute L. Such change was authorizi	es, the above named corporal ed by the corporation's board	tion submits this statement for the purpose of ch f of directors. Thereby accept the appointment as	anging its registered office
familiär wit	h, and accept the obligations of, Section	n 607.0505, Florida Statutes	·	or three control y history descent the appointment of	registored agent. Fam
SIGNATURE 🕽					
12.	Signature, fyjlied or printed han e of Fajledal Fagent ar OFFICERS AND		TE Registrati Agent agreeture regional o		DIDECTORS III IS
TITLE	D OF TOCKS AND	DECETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	YOUNG, WILLIAM 3		1.2 NAME	•	
STREET ADDRESS	ROUTE 10, BOX 370		13 STREET ADDRESS		
CITY-ST-ZIF	LIVE OAK FL 32060		1.4 City-St-Zip		
TITLE	2.12 0.11.12 02000	□ DELETE	2 1 TITLE		Change Addition
NAME		<u>-</u>	2.2 NAME	•	
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - S1 - ZIP		f
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		_ , ,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-Z/P			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHTY - ST - ZIF			54 CITY ST ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - 7IP		

14. Ido 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: WILL AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

Dispose Piece of the corporation of the corporation of 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: WILL AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

april 4 1996 904-3404-1460