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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041732 (7)

BILL YOUNG REFRIGERATION, INC.

Principal Place of Business Mailing Address 11717 102 TERR 11717 102 TERR LIVE OAK FL 32060 LIVE OAK FL 32060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1993 Principal Place of Business Mailing Address 4. FEI Number Applied For 26. 59-3199864 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 YOUNG, WILLIAM J William ROUTE 10,004 670 Z DO3 Evergreen Are. 82 LIVE OAK FL 32060 vergreen 83 84 Zip Code **32***Ok* DAK 110 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 profed name of registered agreet and title if a priscable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition YOUNG, WILLIAM J NAME 1.2 NAME -810-MARY MAG ST STREET ADDRESS 1.3 STREET ADDRESS LIVE OAK FL CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - 2IP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIP 3.4 City-St-ZiP DELFTE Change ☐ Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - ST - 7)P DELETE Change Addition TITLE 6111111 NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 CITY-S1-7IP

14. Thereby 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 of 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 recover 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 chapted, or on an attachment with an address.

CHATURE William Houng William TV

15/08

ADU 344 - 1460

FILED

Jan 20 1998 8:00am

Secretary of State