

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sergeant Major
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -7 PM 2:14

DOCUMENT # P94000025756 (5)

RON MORRIS REFRIGERATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office Address: 10620 VILLANOVA ROAD JACKSONVILLE FL 32218
Mailing Address: 10620 VILLANOVA ROAD JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date this report first required		3a. Date of Last Report	
21		26		03/25/1994			
22		27		4. FET Number		Applied For	
23		28		59-3234604		Not Applicable	
24		29		5. Certificate of Status Granted		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May be Added to Fees	
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRIS, RONALD L 10620 VILLANOVA RD. JACKSONVILLE FL 32218				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	☐ Change ☐ Addition
2. NAME	MORRIS, RONALD L	1.2 NAME	
3. STREET ADDRESS	10620 VILLANOVA RD.	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	JACKSONVILLE FL 32218	1.4 CITY, ST, ZIP	
5. TITLE		2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the non-compliance subject to the provisions of Chapter 207, Florida Statutes. Further, that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath, that I am an officer or director of the corporation on the date on which this report is required by Chapter 207, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an office listed with an address.

SIGNATURE: *Ronald L Morris* RONALD L MORRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-95

904-757-5240