

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002338 (8)

1. Corporation Name

GRAVES BROTHERS REFRIGERATION SUPPLIES, INC.



Principal Place of Business

4307 WEST OSBORNE AVENUE
TAMPA FL 33614

Mailing Address

4307 WEST OSBORNE AVENUE
TAMPA FL 33614

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 7606 VAN DYKE RD.

2a. Mailing Address

26 7606 VANDYKE RD.

4. FEI Number

59-3290539

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 ODESSA FL

City & State

28 ODESSA FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

24 33556

Zip Country

29 33556

30

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

9. Name and Address of Current Registered Agent

GRAVES, WILLIAM F
4307 WEST OSBORNE AVENUE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

GRAVES, William F.

82 Street Address (P.O. Box Number is Not Acceptable)

7606 VAN DYKE RD.

83

84 City

ODESSA

FL

85 Zip Code

33556

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 re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GRAVES, WILLIAM F
STREET ADDRESS 4307 WEST OSBORNE AVE.
CITY - ST - ZIP TAMPA FL 33614

TITLE STV ☒ DELETE
NAME GRAVES, WILLIAM F
STREET ADDRESS 4307 WEST OSBORNE AVE.
CITY - ST - ZIP TAMPA FL 33614

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 P. ☒ Change ☐ Addition
1.2 NAME GRAVES, William F.
1.3 STREET ADDRESS 7606 VAN DYKE RD.
1.4 CITY - ST - ZIP ODESSA FL 33556

2.1 TITLE STV ☒ Change ☐ Addition
2.2 NAME KATHLEEN E. BLACKWELL
2.3 STREET ADDRESS 6025 CRESTRIDGE RD.
2.4 CITY - ST - ZIP TAMPA, FL 33634

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 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)(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: KATHLEEN E. BLACKWELL KATHLEEN E. BLACKWELL 5-20-96 813-876-4301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (12/95)