## NG FEE AFTER MAY 1 IS \$225.00

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PROFIT
CORPORATION
ANNUAL REPORT
1996
DOCUMENT #  1. Corporation Name
REFRIGERATED DIST
Dringing Place of Rusiness

SIGNATURE:



DOCUMENT # P95000074821 (6)  REFRIGERATED DISTRIBUTION MANAGEMENT, INC.  Principal Piace of Business  241 DENNIS STREET  JACKSONVILLE FL 32204  2. Principal Piace of Business  242 DENNIS STREET  JACKSONVILLE FL 32204  3. Date Incorporated or Qualified  09/26/1895  3. Date Incorporated or Qualified  09/26/1895  4. FEI Number  Applied Fg.  Applied Fg.  Surb. Apt. #, etc.  28 D BOX 41123  Surb. Apt. #, etc.  29 City & State  20 City & State  20 City & State  20 City & State  21 Country  29 322031123  D Surb. Apt. #, etc.  29 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  21 Surb. Apt. #, etc.  22 Surb. Apt. #, etc.  23 Surb. Apt. #, etc.  24 Surb. Apt. #, etc.  25 Surb. Apt. #, etc.  26 PO BOX 41123  Surb. Apt. #, etc.  27 Surb. Apt. #, etc.  28 Surb. Apt. #, etc.  29 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  21 Surb. Apt. #, etc.  22 Surb. Apt. #, etc.  23 Surb. Apt. #, etc.  24 Surb. Apt. #, etc.  25 Surb. Apt. #, etc.  26 PO BOX 41123  Surb. Apt. #, etc.  27 Surb. Apt. #, etc.  28 Surb. Apt. #, etc.  29 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  20 Surb. Apt. #, etc.  21 Surb. Apt. #, etc.  22 Surb. Apt. #, etc.  23 Surb. Apt. #, etc.  24 Surb. Apt. #, etc.  25 Surb. Apt. #, etc.  26 PO BOX 41123  30 USA  8 This corporation bas lability for inlangible tax unders 199.002, #Surb. Added to Fees  4 Surb. Added to Fees  4 FEI Number  5 Surb. Added to Fees  4 FEI Number  5 Surb. Added to Fees  5 Surb. Added to	CORPORATION ANNUAL REPORT 1996	Sandra B. Mor Secretary of S DIVISION OF CORP	tham State		
2421 DENNIS STREET JACKSONVILLE FL 32204  3. Date Incorporated or Qualified O9/26/1995 Suite, Apt. #, etc. 22 City & State City & State  28 Country 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Corporation Name	` '			
JACKSONVILLE FL 32204  JACKSONVILLE FL 32204  3. Date incorporated or Qualified O9/26/1995  2. Principal Place of Business  2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  3. Date incorporated or Qualified O9/26/1995  5. 7-3 3 48 7.35  4. FEI Number  Applied Fgr. Not Additional Fee Required  2. City & State  2. City & State  2. City & State  2. City & State  2. Country  3. Date incorporated or Qualified O9/26/1995  5. Certificate of Status Desired See Not Applied Fgr. Not Applied Fgr. Not Added to Fee Required Fee Required Fee Required Financing Added to Fee See Ountry  2. Country  2. Country  3. Date incorporated or Qualified O9/26/1995  5. Certificate of Status Desired See Not Additional Fee Required Financing Added to Fees  3. Date incorporated or Qualified O9/26/1995  5. Certificate of Status Desired See Not Additional Fee Required Fee R	Principal Place of Business	Mailing Address			
2. Principal Place of Business  3. Applied Forward Place of Status Desired  3. Surfo, Apt. #, etc.  3. Certificate of Status Desired  3. Ref Number  3. Certificate of Status Desired  3. Ref Number  3. Certificate of Status Desired  3. Ref Number of Status Desired of Number of Status Desired of Number of Status Desired of Number of Status Place of Number of Status Place of Number of Status Place of Status Desired of Status Place of Status Place of Status Desired of Status Place of S	ETE! DEIGHOU OTHER				
2. Principal Place of Business 26   PD   BOX   41123   Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State 27   Country   Country   Country   Country   State   State   Country   State   State   Country   State   S				09/26/1995	59-3348735
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Added to Fees  Trust Fund Contribution  Registered Agent  Suite, Apt. #, etc.		1 • • -	n 2	4. FEI Number	Lumber
City & State    City & State   City	Suite, Apt. #, etc.	Suite, Apt. #, etc.	123	5. Certificate of Status Desired	\$8.75 Additional
Zip	City & State	City & State	, FL	1 1	¥ = - = - ,
9. Name and Address of Current Registered Agent  81 Name  MORRIS, WILLIAM H 2421 DENNIS STREET JACKSONVILLE FL 32204  84 City  FL 85 Zip Code  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 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	Zip Country	Zp	Country		
MORRIS, WILLIAM H 2421 DENNIS STREET  JACKSONVILLE FL 32204  83  84 City  FL 85 Zip Code  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 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	P			10. Name and Address of New Regi	stered Agent
2421 DENNIS STREET  JACKSONVILLE FL 32204  83  84 City  FL  85 Zip Code  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			81 Name		
JACKSONVILLE FL 32204  83  84 City  FL 85 Zip Code  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			82 Street	Address (P.O. Box Number is Not Acceptable)	
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familiar with, and accept the onligations of, Section 607,0003, Foliate standards.			1 1 1		FL I''I '
SIGNATURE  Scientist in proceed proceed proceed procedure and blind across at the NOTE Registered Agent signature required when refreshating?  DATE.	Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of, S.	502 and 607.1508, Florida Statutes, the lorida. Such change was authorized by Section 607.0505, Florida Statutes.	e above-named co the corporation's	orporation submits this statement for the purpos board of directors. I hereby accept the appoint	se of changing its registered offic ment as registered agent. I am
	SIGNATURE	pownt and title it apply able (NOTE: Re-	gistered Agent signature r	equired when reinstating)	DATE.

Date Incorporated or Qualified 09/26/1995		te of Last Report ) 7-3348735	
El Number		Applied For Not Applicable	
Certificate of Status Desired		\$8.75 Additional Fee Required	
Hection Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
This corporation has liability for lorida Statutes 🔀 Yes	intangible No	tax under s. 199.032,	
Name and Address of New F	Registere	d Agent	

Daytime Ftione #

e purpose of changing its registered office appointment as registered agent. I am CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1. 1 TITLE TITLE MORRIS, WILLIAM H 1.2 NAME NAME 2421 DENNIS STREET 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 1.4 CHY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2 1 1111.5 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 3 111TLE TITLE 3 2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CRY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP □ qaaq DELETE 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 15 if changed, or on an attachment with an address.