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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004423 (5) 1. Corporation Name TEXT TO THE PART OF TEXT PROPERTY AND THE PART OF TEXT PROPERTY PROPERTY

FILED May 04 1998 8:00am Secretary of State

REEFER TRAILER TECHNICIAN, INC. Principal Place of Business Mailing Address 17836 GREENWILLOW DR. 17836 GREENWILLOW DR. TAMPA FL 33647 TAMPA FL 33647 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3360650 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible - Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name VERGARA, PABLO E 17836 GREENWILLOW DR. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33647 83 84 City 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** Signature: typed or printed name of registered agent and title if applicable TE Registered Agent signature regi 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change Addition TITLE VERGARA, PABLO E NAME 1.2 NAME 17836 GREENWILLOW DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP 1.4 CITY-ST-ZIP DST DELETE Change Addition TITLE 2.1 TITLE NAME VERGARA, ZOILA S 2.2 NAME 17836 GREENWILLOW DR. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE VERGARA, VERONICA J NAME 3.2 NAME 17836 GREENWILLOW DR. STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33647 CITY-S1-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME VERGARA, LESLY I 4. 2 NAME 17836 GREENWILLOW DR. STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33647 4.4 City - ST- ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE ☐ Change TITLE VERGARA, MARGGIE R 5.2 NAME 17836 GREENWILLOW DR. STREET ADDRESS 5.3 STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby 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 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:

Prace OVERJORA-KIL SILER 8/2/9