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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000064228 (5)

1. Corporation Name  
RAVEN REFRIGERATED, INC.

Principal Place of Business  
BARNETT CENTER, STE 3100  
50 NO LAURA STREET  
JACKSONVILLE FL 32202

Mailing Address  
BARNETT CENTER, STE 3100  
50 NO LAURA STREET  
JACKSONVILLE FL 32202-3664



2. Principal Place of Business  
21 2970 Hartley Road  
Suite, Apt. #, etc.  
22 /Suite 105  
City & State  
23 Jacksonville, FL  
Zip  
24 32257  
Country  
25 Duval

2a. Mailing Address  
26 2970 Hartley Road  
Suite, Apt. #, etc.  
27 Suite 105  
City & State  
28 Jacksonville, FL.  
Zip  
29 32257  
Country  
30 Duval

3. Date Incorporated or Qualified  
07/30/1996  
3a. Date of Last Report  
4. FEI Number  
X Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
BRANT, MOORE, MACDONALD & WELLS PA  
BARNETT CENTER, STE 3100  
50 NO LAURA STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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  
Signature of registered agent or position name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
LEE, W R  
1013 LONGWOOD DRIVE  
WOODSTOCK GA 30188  
D  
SILVERMAN, JUDITH E  
3873 CATHEDRAL OAKS PLACE SOUTH  
JACKSONVILLE FL 32217  
D  
SILVERMAN, STEPHEN J  
3873 CATHEDRAL OAKS PLACE SOUTH  
JACKSONVILLE FL 32217  
D  
BRANT, WILLIAM P  
50 NO LAURA ST. STE 3100  
JACKSONVILLE FL 32202  
D  
DELETED  
D  
DELETED  
D  
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)