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Block 12 or Block 13 if changed, or on an attachment with an address

Jul 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000101362 (6) DOCUMENT # UNION REFRIGERATION, INC. Principal Place of Business Mailing Address P O BOX 230 P O BOX 230 LAWTEY FL 32058 LAWTEY FL 32058 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 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 Country Zip Country 8. This corporation owes or has paid the current year latangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name REGNIER, EDWARD **4271 LAGO WAY** 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34241 83 84 City Zip Code 85 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 prostored agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE rosidon t 1.1 TITLE TITLE etty L., Deese 1.3 STREET ADDRES 1.4 CITY - S1 - 2IP Change Addition 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY - ST - ZIP DELFTE Channe Addition TITLE 51 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 300002599603 5.4 CHY-ST-ZIP CITY-ST-ZIP -07/27/98--01107--033 Change DELETE ☐ Addition TITLE 6.1 TITLE ***150.00 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP 14. Thereby 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

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