FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:24

DOCUMENT # V34021 (8)

1. Corporation Name
COMMERCIAL FOOD EQUIPMENT MARKETING, INC.

Principal Place of Business	Mailing Address
2340 PERIWINKLE WAY SUITE I-2 SANIBEL FL 33957	P.O. BOX 146 SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 4117 West Gulf Drive
22 Suite, Apt. #, etc.
23 City & State: Sanibel, FL
24 Zip: 33957
25 Country: LEE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 52-1780468 ☐ 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

GILL, KENNETH R.
2340 PERIWINKLE WAY
SUITE I-2
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4117 West Gulf Drive
83
84 City: Sanibel FL 85 Zip Code: 33957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	GILL, KENNETH R	1.2 NAME		
STREET ADDRESS	P.O. BOX 146 N/A	1.3 STREET ADDRESS	4117 West Gulf Drive	
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	STD	2.1 TITLE		☑ Change ☐ Addition
NAME	GILL, JOANNE F	2.2 NAME		
STREET ADDRESS	P.O. BOX N/A	2.3 STREET ADDRESS	4117 West Gulf Drive	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Kenneth R. Gill - P/D 1/19/95 813-395-9515
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
KENNETH R. GILL

0330007 CP