

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **F60440** (7)

1. Corporation Name  
**J & B REFRIGERATION, INC.**

Principal Place of Business: **2005 TREE FORK LANE-UNIT 101 LONGWOOD FL 32750**

Mailing Address: **2005 TREE FORK LANE-UNIT 101 LONGWOOD FL 32750**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State: Apt # etc: **27**

23. City & State: **28**

24. ZIP: **25** **29**

APPROVED AND FILED

MAY - 1 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1981**

3a. Date of Last Report: **04/20/1994**

4. FEI Number: **59-2153784**

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**

7. This corporation has authority for a change in its officers or directors under its Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**WILSON, JOHN B.  
2005 TREE FORK LANE UNIT 101  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81. Name: \_\_\_\_\_

82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83. \_\_\_\_\_

84. City: \_\_\_\_\_

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(2)(a) and 607.01(2)(b), Florida Statutes, this statement is submitted for the purpose of changing its registered office or principal place of business 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 aware of the consequences of Sections 607.01(2)(a) and 607.01(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. CURRENT OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994	
NAME	PD WILSON, JOHN BOS, SR. 658 DUNN DRIVE ALTAMONTE SPRGS, FL00000	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP ALIOTTA, MICHAEL 1345 BLYTHE AVE DELTONA FL	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(2)(a), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I am aware of the consequences of Sections 607.01(2)(a) and 607.01(2)(b), Florida Statutes, and that my name appears on Block 12 of this filing as an authorized agent with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407-830-0300