

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G66120** (8)

1. Corporation Name

**JOE WATERS COMMERCIAL REFRIGERATION AND AIR CONDITIONING, INC.**



Principal Place of Business

**3210 ROOSEVELT BLVD  
JACKSONVILLE FL 32205**

Mailing Address

**3210 ROOSEVELT BLVD  
JACKSONVILLE FL 32205**

2. Principal Place of Business

21 State, Apt., Jr., etc.  
22 City & State  
23 Zip Country  
24 Zip 25 Country

2a. Mailing Address

26 State, Apt., Jr., etc.  
27 City & State  
28 Zip Country  
29 Zip 30 Country

3. Date Incorporated or Qualified  
**10/24/1983**

3a. Date of Last Report  
**04/25/1995**

4. FID Number

**59-2342266**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WATERS, JOSEPH A.  
3210 ROOSEVELT BLVD.  
JACKSONVILLE FL 32205**

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 607.0607 and 607.1528, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the Agent or Director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, JOSEPH A.	TITLE	
STREET ADDRESS	3332 LAKESHORE BLVD	TITLE ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	TITLE- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, LINDA J	TITLE	
STREET ADDRESS	3332 LAKESHORE BLVD	TITLE ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	TITLE- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, WILLIAM T. JR.	TITLE	
STREET ADDRESS	8106 MESSINA DRIVE	TITLE ADDRESS	
CITY- ST-ZIP	JACKSONVILLE FL	TITLE- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		TITLE ADDRESS	
CITY- ST-ZIP		TITLE- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		TITLE ADDRESS	
CITY- ST-ZIP		TITLE- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included on this annual report or statement is an annual report filed on and a separate 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 filer or transferee responsible 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 additional page to this form, as follows:

SIGNATURE:

*William T. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/26/96* *904-3876110*  
DATE DATE OF FILING

CR2E034 (12/95)