Mailing Address 11505 STATE ROAD 574

PO BOY 508

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J70097 1. Corporation Name

Principal Place of Business

11505 STATE ROAD 574

DAMRON REFRIGERATION AND AIR CONDITIONING, INCOR **PORATED**

MANGO FL 33550		MANGO FL 33550		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				04/29/1987		
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2705502	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	,	27		5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Inta		
24	25	29 30	0	Personal Property Tax.	☐ Yes ☐ No	
1	g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered A	Agent	
			81 Name			
CURRY & ASSOCIATES, P.A. 750 W. LUMSDEN ROAD BRANDON FL 33511			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	<u></u>	
			62 Sileer Aud	THE REPORT OF THE PROPERTY OF		
			83	File as by the Christian 1900 below to	国际公司公司部第	
					85 Zip Code	
			84 City	FL	85 Zip Code	
A. Discussion	to the provisions of Sections 607.05	602 and 607 1508 Florida Statutes	the above-named core	poration submits this statement for the purpose of	changing its registered	
	:	a of Elorida. Such change was allif	horized by the comorau	ion's board of directors. I hereby accept the appoir	ntment as registered	
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	pations of, Section 607.0505, Florid	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered ag	NOTE: Re	egistered Agent signature require	ad when reinstating) (2.1) (2.1		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLË	43.2744733	☐ Change ☐ Addition	
NAME	DAMRON, CHARLES C		1.2 NAME			
STREET ADDRESS	ATTACA FORDER DD		1.3 STREET ADORESS			
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
	DAMRON, ROBBIE N.		2.2 NAME			
NAME	AZAA O FORREO DO		2.3 STREET ADDRESS		:	
STREET ADDRESS	PLANT CITY FL		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	PEANT CITTE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
TITLE		<u> </u>	3.2 NAME	•		
NAME			3.3 STREET ADDRESS	in the second second second second	. The second of the second Add	
STREET ADDRESS	S , .					
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-ST-ZIP 4.1 TITLE		☐ Change Addition	
TITLE			4.2 NAME	••		
NAME				•		
STREET ADDRESS	S		4.3 STREET ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	2011年 统	_ , , _ ,	
NAME			■ ŧ	A CONTRACTOR OF THE STATE OF TH		
STREET ADDRESS	s ·		5.3 STREET ADDRESS	Company of		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90060 023 ***150.00