

2000 UNIFORM BUSINESS REPORT (UBR)

Amended: # 6/25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -3 PM 2:56

DOCUMENT # P96000010935
1. Entity Name
A. Aaron Refrigeration & Air Cond, Inc

Principal Place of Business Mailing Address
17067 83rd Place North
Loxahatchee, FL 33470

2. Principal Place of Business 17067 83rd PL N 3. Mailing Address same

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State Loxahatchee FL City & State _____

Zip 33470 Country PBC Zip _____ Country _____

4. FEI Number 650-644525 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVID F. Teets Jr. CPA
12798 W Forest Hill Blvd
Suite 204
Wellington FL 33414

7. Name and Address of New Registered Agent

Name Veronica Murphy
Street Address (P.O. Box Number is Not Acceptable)
17067 83rd PL North
City Loxahatchee FL Zip Code 33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Veronica Murphy President 6-22-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>John W. Kebeck</u>	
STREET ADDRESS	<u>17133 Alexander Run</u>	
CITY-ST-ZIP	<u>Jupiter FL 33478</u>	
TITLE	<u>Treasurer</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>MaryAnn Kebeck</u>	
STREET ADDRESS	<u>17133 Alexander Run</u>	
CITY-ST-ZIP	<u>Jupiter FL 33478</u>	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President</u>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<u>Veronica Murphy</u>		
STREET ADDRESS	<u>17067 83rd PL N</u>		
CITY-ST-ZIP	<u>Loxahatchee FL 33470</u>		
TITLE	<u>Vice President</u>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<u>Douglas S. Murphy Jr.</u>		
STREET ADDRESS	<u>17067 83rd PL N</u>		
CITY-ST-ZIP	<u>Loxahatchee FL 33470</u>		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		

~~500003327735-6~~
~~07/19/00 01051-006~~
*****61.25 *****61.25

13. 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 report or supplemental 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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Veronica Murphy President 6/22/00 745-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)