

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G66120

**Entity Name:** JOE WATERS COMMERCIAL REFRIGERATION AND AIR  
CONDITIONING, INC.

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**6574688677CC**

**Current Principal Place of Business:**

4751 SAN JUAN AVE  
SUITE 21  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4751 SAN JUAN AVE  
SUITE 21  
JACKSONVILLE, FL 32210 US

**FEI Number: 59-2342266**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WATERS, JOSEPH A.  
4751 SAN JUAN AVE  
STE 21  
JACKSONVILLE, FL 32210 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name WATERS, JOSEPH A.  
Address 3322 LAKE SHORE BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title DST  
Name WATERS, LINDA J  
Address 3322 LAKE SHORE BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title VP  
Name J MARK WATERS  
Address 4751 SAN JUAN AVENUE #21  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LINDA J. WATERS**

**SECRETARY/TREASURER 04/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date