


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

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PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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97 AUG -8 AM 9:57

**DOCUMENT # 570062 (0)**  
1. Corporation Name  
**M & J APPLIANCE & AIR CONDITIONING SERVICE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>8220 49TH ST N PINELLAS PK FL 34665</b>	Mailing Address <b>8220 49TH ST N PINELLAS PK FL 34665</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8800 49TH ST. N.</b>	2e. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>406-9</b>	Suite, Apt. #, etc. 27
City & State 23 <b>PINELLAS PARK</b>	City & State 28
Zip 24 <b>33782</b>	Country 25
Country 25	Zip 29
Country 29	Country 30

3. Date Incorporated or Qualified <b>04/21/1978</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>59-1821681</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JARME L, GLEN A.  
8220 49TH ST N  
PINELLAS PK FL 33565**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>JARME L, GLEN A.</b>	
STREET ADDRESS	<b>8220 49TH STREET NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JARME L, GLEN A.</b>
1.3 STREET ADDRESS	<b>8800 49TH ST. N. STE 406-9</b>
1.4 CITY-ST-ZIP	<b>PINELLAS PARK, FL 33782</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>800002265888</b>
3.3 STREET ADDRESS	<b>-08/13/97--01071--013</b>
3.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>A. Alan</b>
6.3 STREET ADDRESS	<b>8/8/97</b>
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **8/1/97**

CR2E034 (4/97)

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**M & J APPLIANCE AND AIR CONDITIONING  
SERVICE, INC.**

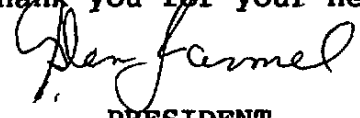
◆◆◆  
8800 49th Street North ◆ Suite 406-9 ◆ Pinellas Park, Fla. 33782 ◆ State Cert. # CAC020223  
Phone 544-5781 ◆ Fax 544-0554

July 23, 1997

To whom it may concern;

Called your office questioning the second notice on the annual report, the person I spoke to I told her I did not receive a first notice, so she instructed me what to do. We have been a Corporation since 1978 and know this form has to be filed every year. I apologize for any inconvenience, but I have no control over the postal system or lost mail. That is why this is being filed as a second notice.

Thank you for your help,



**PRESIDENT  
GLEN JARMEL**