FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 606542

J & T AIR CONDITIONING, INC.

| Principal Place | e of Business | Mailing Address | | | | | 91914 91911 91911 | |
|-------------------------------|---|---|------------------------|------------------|---|--|-------------------|---------------|
| 10760 S.W. 7TH | 10760 S.W. 7TH STREET | | | | | | | |
| P.O. BOX 1 | | P.O. BOX 1 | | | | DO NOT WRITE IN THIS SPACE | | |
| MIAMI FL 33174 MIAMI FL 33174 | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 01/15/1979 | | ļ |
| 2 Principal P | lace of Business | 2a, Mailing Address | | | | 4. FEI Number | - Ap | pplied For |
| 2. Filicipai F | iace of pasificas | 26 10420 5 | W T | 7 7 | err. | 59-1925254 | No. | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | <u> </u> | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certifcate of Status Desired | Fee Re | equired |
| City & Stat | 9 | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 Sweet WATC | 75 (- | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | | untry | | 8. This corporation owes the current year le | | <u></u> |
| 24 | 25 | 29 33174 | 30 | <u>ی.د</u> | <u> </u> | Personal Property Tax. | Yes | X No |
| | 9. Name and Address of Cur | rent Registered Agent | | ١., | | 10. Name and Address of New Registered | Agent | |
| 051 | IS, MARY-JO | | | 81 | Name | | | |
| | | | 82 | Street Ad | eet Address (P.O. Box Number is Not Acceptable) | | | |
| | 20 S.W. 7TH TERRACE | | | | | | | |
| SWE | ETWATER FL 33174 | | | 83 | | | | |
| | | | | 84 | City | | 85 Zip | Code |
| | | | | | , | rporation submits this statement for the purpose of | | |
| office or I | egistered agent, or both, in the Sta m familiar with, and accept the obl | ate of Florida. Such change was igations of, Section 607.0505, Fl | authorize orida Sta | ed by atutes | the corpora | ition's board or directors. I nereby accept the app | ointment as re | egistered |
| | Signature, typed or printed name of registered | | | | t signature requi | ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | DDC (N. 12 |
| 12. | | AND DIRECTORS | 13 | TITLE | - | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| TITLE | DST CENC MADY IO | 1,25000 | | NAME | | | _ , | _ |
| NAME | GEMS, MARY JO | | | | ADDOEDD | | | [|
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | DELETE | | CITY+S' TITLE | 1-2112 | | Change | Addition |
| TITLE | DP | Dutter | | NAME | 1 | | | - 1 |
| NAME | GEMS, ANTHONY T. | | | | * * DDDE:00 | | | } |
| STREET ADDRESS | · · | | | | ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | DELETE | | CITY-S | 51-ZIP | The same of the sa | Change: | Addition |
| TITLE | | | | NAME | | | | _ |
| NAME | | | | | F ADDRESS | | | } |
| STREET ADDRESS | | | | • | | | | |
| CITY-ST-ZIP | | □ DELETE | | CITY-S | 11-217 | | Change | Addition |
| TITLE | | C. Dettere | | NAME | | | | _ |
| NAME | | | . I | | r annoege | | | |
| STREET ADDRESS | | | - 8 | | TADDRESS | | | ļ |
| CITY-ST-ZIP | | ☐ DELETE | | CITY-S | 1-21 | | Change | Addition |
| TITLE | | | | NAMÉ | | | _ , | _ |
| NAME | | | | | ADORESS | | | |
| STREET ADDRESS | | | | CITY-S | 1 | | | |
| CITY-ST-ZIP | <u> </u> | ☐ DELETE | | TITLE | | | ☐ Change | Addition |
| TITLE | | | | NAME | | | | |
| NAME STREET ADDRESS | | | 1 | | T ADDRESS | | | - |
| | .1 | | 0.0 | | | | | |

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90201 047 ***150.00