


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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90019 044 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 678645

1. Corporation Name

MARCO COOLING AND REFRIGERATION, INC.

Principal Place of Business

418 S. BARFIELD DRIVE
C/O JOSEPH VERGO
MARCO ISLAND FL 33937

Mailing Address

418 S. BARFIELD DRIVE
C/O JOSEPH VERGO
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|------------------------|--|---------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 418 S. Barfield DR. | 26 418 S. Barfield DR. | 07/08/1980 | 59-2007939 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| 22 C/o Steven Vergo | 27 C/o Steven Vergo | | | |
| City & State | City & State | 6. Election Campaign Financing | | \$5.00 May Be Added to Fees |
| 23 Marco Island FL | 28 Marco Island FL | Trust Fund Contribution | | |
| Zip | Country | 8. This corporation owes the current year Intangible | | |
| 24 34145 | 25 USA | Personal Property Tax. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 29 34145 | | 30 USA | |

9. Name and Address of Current Registered Agent

VERGO, JOSEPH
418 S. BARFIELD DRIVE
MARCO ISLAND, FL 33937

10. Name and Address of New Registered Agent

81 Name Steven Vergo c/o MCR
82 Street Address (P.O. Box Number is Not Acceptable)
418 S. Barfield DR.
83
84 City Marco Island FL 85 Zip Code 34145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Steven W. Vergo 2-22-99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | S <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERGO, GERTRUDE | 1.2 NAME | |
| STREET ADDRESS | 1911 KIRK TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERGO, JOSEPH | 2.2 NAME | |
| STREET ADDRESS | 1911 KIRK TERR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERGO, STEVEN | 3.2 NAME | Vergo, Steven W. |
| STREET ADDRESS | 1850 WATSON RD. | 3.3 STREET ADDRESS | 1850 WATSON RD |
| CITY-ST-ZIP | MARCO ISLAND, FL 00000 | 3.4 CITY-ST-ZIP | MARCO ISLAND FL 34145 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERGO, JOSEPH D | 4.2 NAME | Vergo, Joseph D |
| STREET ADDRESS | 682 CRESCENT | 4.3 STREET ADDRESS | 682 Crescent |
| CITY-ST-ZIP | MARCO ISLAND, FL 00000 | 4.4 CITY-ST-ZIP | MARCO ISLAND FL 34145 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE:

Steven W. Vergo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 (941) 643-3000

Date

Daytime Phone #

CR2E034 (11/98)