

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
 07-15-1999 90014 045 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT
1999

DOCUMENT # **F96000001544**

1. Corporation Name
FLORIDA COOLING SUPPLY, INC.



Principal Place of Business
3200 WILCREST DR #440 HOUSTON TX 77042-6019

Mailing Address
2041 RANGE RD. CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1996

4. FEI Number
76-0495526

Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
21 2040 Range Road

2a. Mailing Address
26 3200 Wilcrest Dr. #440

Suite, Apt. #, etc.
22

City & State
23 Clearwater, FL

City & State
27 Houston, TX

Zip
24 33765

Country
25

Zip
29 77042

Country
30

9. Name and Address of Current Registered Agent

LESNIAK, KEN
2041 RANGE RD
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name
Michael F. Knoop

82 Street Address (P.O. Box Number is Not Acceptable)
2040 Range Road

83

84 City
Clearwater

85 Zip Code
FL 33765

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 *Michael F. Knoop* **Michael F. Knoop** **7-7-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVINO, ALEX JR	1.2 NAME	
STREET ADDRESS	3200 WILCREST DR #440	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77042-6019	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARESCA, ANTHONY R	2.2 NAME	
STREET ADDRESS	3200 WILCREST DR #440	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77042-6019	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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.

SIGNATURE: *Anthony R. Maresca* **ANTHONY R. MARESCA** **6/21/99 (713) 780-8532**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)