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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name G00588 (5)

COOLING TOWER SERVICES OF FLORIDA, INC.

Principal Place of Business				Mailing Address				T I B B C F I	1 86() BBIII BBIEL BISBS IMIBI	inis mines pens		64 0 14 B1814 1681	
3552-1 LENOX AVENUE				3552-1 LENOX AVENUE									
JACKSONVILLE FL 32254 JAC US US				CKSONVILLE FL 32254 3				DO NOT WRITE IN THIS SPACE					
									corporated or Qualified	i			
9 Principal B	Pean of Busin		- 100	*4×00+ Address				09/20					
2. Principal Place of Business			_	2a. Mailing Address				4. FEI Num			— — 	Applied For	
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			<u> </u>	242139			Not Applicable 5 Additional		
22			27	27			5. Certifica	te of Status Desired			Additional Required		
City & State				City & State				6 Election	Campaign Financing			00 May Be	
23			28	28			1	nd Contribution			ed to Fees		
Z _i p		Country		Zip	Co	ıntry			poration owes or has p	oald the cu			
24		25	29	7.1.	30			Persona	l Property Tax due Jur	ne 30. [X Yes	□ No	
		and Address of Curren	ıt Regist	ered Agent				10. Name a	nd Address of New F	Registered	Agent		
	VAC, FRED					81	Name						
	68 atlant Cksonvili	ic Blvd. Le Fl 32207		83			Street Ad	idress (P.O. Box I	ess (P.O. Box Number is Not Acceptable)				
·	011001111	a (b vebv.				83						·	
						84	City			FI	85 Zi	p Code	
11 Pursuant	to the provis	ions of Sections 607,050	12 and 60	17 1508 Florida Statu	tes the a	hove	-named co	rnoration submits	this statement for the		f changing	te registered	
office or r	egistered ag	tions of Sections 607,050 gent, or both, in the State ith, and accept the obliga	of Florid	la. Such change was	authorize	d by	the corpor	ation's board of c	directors. I hereby acco	ept the app	ointment	as registered	
ł	ım familiar wi	ith, and accept the obliga	ations oi,	, Section 607.0505, Fi	lorida Sta	tutes	i.						
SIGNATURE													
SIGNATURE	Signature, typed	or printed name of registered age	ent and title it	t applicable. (NO)	TE: Registere	d Aggr	nt signature reg	ruired when reinstating)		DATE		· · · · · ·	
12.	Signature, typed	or printed name of registered age OFFICERS ANI			TE: Registere	d Ager	nt signature req	quired when reinstating) ADDITION	NS/CHANGES TO OFF	DATE	DIRECTO	ORS IN 12	
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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:

FILED

Jan 26 1998 8:00am

Secretary of State