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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # H14483



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90003 024 ***150.00

FLURIUA	A REFRIGERATION & EQUIF	PMENT, IN	IC.							
Principal Place	e of Business	Mailing	Address							I(BI) DIDII (BDI
1220 N.W. 38TH AVENUE 1220 N.W. 38TH AVENUE										
OCALA FL 34482 OCALA FL 34482							DO NOT WR	ITE IN TUIC	CDACE	
US		US				⊢			SPACE	
						3	 Date Incorporated or Qualifed 07/30/1984 	ı		
2. Principal Pl	lace of Business	2a. Mail	ing Address			4	. FEI Number	•	Ar	plied For
21		26				,	59-2426179		No	t Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.			5	. Certifcate of Status Desired		\$8.75	
22 `~		27 -		٤			. Commodio of Chamber Promise			equired -
City & State	е	City	& State			6	 Election Campaign Financing 		\$5.00	
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Cou	ntry	8	. This corporation owes the cui	rent year Inta		□No
24	25	29		30			Personal Property Tax. Name and Address of New	Posistered :	Yes	LINO
	9. Name and Address of Curren	nt Kegisterea	Agent		81 Name		, name and Address of new	registered ,	-tgent	
	JCH, RALPH				82 Street A	ddress (P.O. Box Number is Not Accep	table)		
703 EAST NEW HAVEN AVE. MELBOURNE FL 32901				83						
					84 City				85 Zip	Code
								FL	. `	1
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.15 of Florida. Su ations of, Sect	i08, Florida Statut uch change was a tion 607.0505, Flo	tes, the a authorized orida Stati	bove-named of by the corpo utes.	corporation s t	on submits this statement for the loard of directors. I hereby acce	ept the appoir	changing its	gistered
SIGNATURE	Stgnature, typed or printed name of registered age	ent and title if applic	able. (NOTE	: Registered	Agent signeture re	quired when		DATE		
12.	OFFICERS AN	ND DIRECTO	PS	13.			ADDITIONS/CHANGES TO O	EELOCOO ANI	D DIRECTO	
							ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P		☐ DELETE	1.1 T	T.E		ADDITIONS/CHANGES TO C	FFIÇERS AN	Change	Addition
NAME	CHENEY, NORMAN W.			1.1 TI 1.2 N			ADDITIONS/CHANGES TO C			
	CHENEY, NORMAN W. 1220 NW 38 AVE.			12 N			ADDITIONS/CHANGES TO O	rficens an		
NAME	CHENEY, NORMAN W. 1220 NW 38 AVE. OCALA FL		☐ DELETE	1.2 N/ 1.3 S1 1.4 CI	ME REET ADDRESS TY-ST-ZIP		ADDITIONS/CHARGES TO O	FFICERS AIN	Change	Addition
NAME STREET ADDRESS	CHENEY, NORMAN W. 1220 NW 38 AVE. OCALA FL VD			1.2 N/ 1.3 ST 1.4 CI 2.1 TI	REET ADDRESS TY-ST-ZIP		ADDITIONS/CHANGES TO O	FFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	CHENEY, NORMAN W. 1220 NW 38 AVE. OCALA FL VD PETTIGREW, WILLIAM J.III		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TREET ADDRESS TY-ST-ZIP TLE		ADDITIONS/CHANGES TO O	rficers an	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CHENEY, NORMAN W. 1220 NW 38 AVE. OCALA FL VD PETTIGREW, WILLIAM J.III 39 EMERALD COURT		☐ DELETE	1.2 N/ 1.3 S1 1.4 Cl 2.1 Ti 2.2 N/ 2.3 S1	REET ADDRESS TY-ST-ZIP TLE WHE TREET ADDRESS		ADDITIONS/CHARGES TO O	rricers an	Change	Addition
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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, with all other like empowered.

SIGNATURE: `

SIGNATURE AND TYPED DEPTRINED NAME OF SIGNING OFFICEROR DIRECTOR

(352)622-3828