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

Mailing Address

PROFIT · CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H90376**

1. Corporation Name

Principal Place of Business

P & D METALS AND REFRIGERATION, INC.

2739 TAYLOR ORLANDO FL US	ST 32806	P.O. BOX 560095 ORLANDO FL 32856-0095 US			DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 12/17/1985	IIS SPACE	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		59-2613402	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		V	\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	, ,
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29 3	0		Personal Property Tax.	∑ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	ed Agent	
			81	Name			
HARRIS, PEGGY P.			82	Stroot Addr	one (P.O. Rey Number is Not Assentable)		
2739 TAYLOR ST			02	Street Addit	Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32806			83			12,18,11	5 Six 15
•		v	_			. m. 1	4.1 3.41.11.
	•		84	City		85 Zip (Code
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							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	HARRIS, PEGGY P.		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			· ,
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-S	r-ZiP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T- ZIP			ļ
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	The state of the state of		3.2 NAME				
STREET ADDRESS	Figure 1 to 1 t	•	3.3 STREET	ADORESS	· · · · · · · · · · · · · · · · · · ·	411	
CITY-ST-ZIP			3.4. CITY+S	T-ZIP			9.
TITLE		☐ DELETE	4.1 TITLE		1000	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	1 m 1		4.3 STREET	ADDRESS			. [
CITY-ST-ZIP			4.4 C/TY-S	71P			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	·						
	1 es >		5.3 STREET	ADDRESS			
CITY_ST_7IP			5.3 STREET				
CITY-ST-ZIP	American American	☐ DELETE	4			☐ Change	☐ Addition
TITLE NAME	AND	☐ DELETE	5.4 CITY-S			☐ Change	☐ Addition

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:

CITY-ST-ZIP

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90009 013 ***158.75