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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90213 018 \*\*\*158.75

r concern asia tenen cinia calis albis albis didis didis didis didis didis didis didis didis didis

DOCUMENT #  1. Corporation Name	J22942

RIVERCITY REFRIGERATION A.C. & HEATING, INC.

				<del>X</del> -								
Principal Place of Business Mailing Address						┤ '			INIS USUSI DIVIS		))( <b>9:0</b> () ( <b>00</b> )	
3556 ST. AUGUSTINE RD. 3556 ST. AUGUSTINE RD.						- ' '						
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207					DO NOT WRITE IN THIS SPACE							
	•						3. Date II	ncorporated or Qualif				
							07/0	3/1986				
2. Principal Pl	ace of Business	2a. Mailir	ng Address				4. FEI No				Appl	lied For
21		26					59-2	705447			Not.	Applicable
Suite, Apt.	#, etc.	Suite	Apt. #, etc.					ate of Status Desired	· •			Iditional
22		27				-	J. OBILITO	ate of Garles Book of			e Req	
City & State	•	City &	& State				1	on Campaign Financi	ng □	• -	.00 M	• 1
23		28						Fund Contribution			lded to	Fees
Zip	Country	Zip	Г	Coul	intry			orporation owes the	current yea	r Intangible Yes⊡		No
[24]	25	29		30]	T			nal Property Tax. and Address of Ne	w Registe		, .	4110
<b>}</b>	9. Name and Address of Curre	nt Registered	Agent		81	Name	10. 1121110	and Address of No	W I TO BIOLOGI			
MAY	, PAUL R.											
	FARMCREEK ROAD				82	Street Addre	ess (P.O. Bo	x Number is Not Acc	eptable)			
	AUGUSTINE FL 32092				83							_
						0.1		A -1		85	Zip Co	
					1	City				FL∣ ∤		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	08, Florida Statute:	s, the al	bove-	named corpo	oration subm	its this statement for	the purpos	e of changir	ng its re	egistered stered
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State magniliar with, and accept the obligi	e of Florida. Suc ations of, Section	ch change was au on 607.0505, Flori	tnorized da Statu	ı by ir utes.	ne corporatio	on s board of		Don .	ppomunem		3
_	000 D C									\		,
SIGNATURE	I NOW X X X XX XX		Run.						۷ کا	4	1-1	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applica	bie. (NOTE: I		Agent s	signature required	d when reinstating	)	DATI		TOTO	
12.	OFFICERS AI		bie. (NOTE: I	13.		signature required			DATI			
12.	OFFICERS AI	ent and title if applica	bie. (NOTE: I	13.	TLE	signature required		)	DATI	S AND DIRE		RS IN 12
12. TITLE NAME	OFFICERS AI P PAUL R. MAY	ent and title if applica	bie. (NOTE: I	13. 1.1 TIT 1.2 NA	TLE AME			)	DATI			
12. TITLE NAME STREET ADDRESS	P PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	bie. (NOTE: I	13. 1.1 TIT 1.2 NA 1.3 ST	TLE AME IREET A	ADDRESS		)	DATI			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL	ent and title if applica	idie. (NOTE: I RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	TLE AME IREET A TY-ST-	ADDRESS		)	DATI		ange	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D	ent and title if applica	bie. (NOTE: I	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	TLE AME TREET A TY-ST-	ADDRESS		)	DATI	□ Ch	ange	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY	ent and title if applica	idie. (NOTE: I RS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TB 2.2 NA	TLE AME TREET A TY-ST-	ADDRESS ZIP		)	DATI	□ Ch	ange	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	idie. (NOTE: I RS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST	TLE AME TY-ST- TLE AME	ADDRESSZIP		)	DATI	□ Ch	ange	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY	ent and title if applica	idie. (NOTE: I RS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST	TLE AME TY-ST- TLE AME TREET A TILE TREET A	ADDRESSZIP		)	DATI	□ Ch	ange	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	TLE TREET A TY-ST- TLE AME TREET A TREET A TREET A	ADDRESSZIP		)	DATI	□ Ch	ange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA	TLE AME TY-ST- TLE AME TREET A AME TREET A TTLE AME	ADDRESSZIP		)	DATI	□ Ch	ange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TLE AME TY-ST- TLE AME TREET A AME TREET A TTLE AME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS		)	DATI	□ Ch	ange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TLE AME TY-ST- TLE AME TREET A TTLE AME TTLE AME TTLE AME TREET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS		)	DATI	□ Ch	ange ange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CI	TLE  AME  TY-ST-: TLE  AME  TREET A  ITY-ST- TLE  AME  TREET A  ITY-ST- TLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS		)	DATI	□ Ch	ange ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.1 TII 4.2 NA	TILE TREET A TITY-ST TILE TREET A TITY-ST- TILE TREET A TITY-ST- TILE TREET A TREET	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS		)	DATI	□ Ch	ange ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.1 TII 4.2 NA	TILE TREET A TITY-ST TILE TREET A TITY-ST- TILE TREET A TITY-ST- TILE TREET A TREET	ADDRESS ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP		)	DATI	□ Ch	ange ange ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CF 5.1 TII	TILE TILE TILE TILE TILE TILE TILE TILE	ADDRESS ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP		)	DATI	□ Ch	ange ange ange	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TILE TREET A TY-ST- TILE TREET A TREET	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		)	DATI	□ Ch	ange ange ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TB 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TILE TREET A TY-ST- TILE TREET A	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		)	DATI	□ Ch	ange ange ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CIT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CT 5.1 TII 5.2 NA 5.3 ST 5.4 CI 5.3 ST 5.4 CI	TILE TILE TITLE TI	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		)	DATI	□ Ch	ange ange ange ange	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE FL D PAUL R. MAY 5103 FARMCREEK RD	ent and title if applica	DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TB 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TILE TREET A TY-ST- TILE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		)	DATI	□ Ch	ange ange ange ange	Addition  Addition  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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

