

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 SEP 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 345724
1. Corporation Name

REFRIGERANT RECOVERY SYSTEMS, INC.

Principal Place of Business

Mailing Address

TAMPA, FL

5005 W. NASSAU ST.
TAMPA, FL 33607

800001944448
-09/11/96--01045--023
****225.00 ****225.00

3. Date Incorporated or Qualified
12/01/1986

3a. Date of Last Report
06/06/95

2. Principal Place of Business

21 5005 W. NASSAU ST.

2a. Mailing Address

26 P.O. BOX 24685

4. FEI Number

59-2713786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33607

Country

25 USA

Zip

29 33623

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACKENZIE, ROBERT H.
28705 BENNINGTON DR.
WESLEY CHAPEL, FL 33544

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME TAYLOR, DIAN

STREET ADDRESS TAMPA, FL 33607

TITLE PD ☐ DELETE

NAME TAYLOR, SHELTON

STREET ADDRESS TAMPA, FL 33607

TITLE V ☐ DELETE

NAME GOMES, SHELLI' N.

STREET ADDRESS TAMPA, FL 33607

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SD

TAYLOR, DIAN

5005 W. NASSAU ST.

TAMPA, FL 33607

PD

TAYLOR, SHELTON

5005 W. NASSAU ST.

TAMPA, FL 33607

V

GOMES, SHELLI' N.

5005 W. NASSAU ST.

TAMPA, FL 33607

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shelli' Nobre Gomes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-96 (813) 289-1161

Gomes

CR2E034 (3/96)