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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

J48524

RAY YOUNG AIR CONDITIONING AND REFRIGERATION, IN

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 2124 P.O. BOX 2124 1304 E. BAKER STREET DO NOT WRITE IN THIS SPACE PLANT CITY FL 33566 PLANT CITY FL 33564 3. Date Incorporated or Qualified 12/23/1986 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable No mailbox at Bldg 59-2757331 Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z(p)Country 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo YOUNG, RAY 1304 E. BAKER STREET 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 83 **B4** City 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. Hereby accept the appointment as registered agent. Lam 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition PTD DELETE ☐ Change TITLE 1.1 TITLE E034 NAME YOUNG, RAY 1.2 NAME STREET ADDRESS 4808 W. BOOTH RD. 1.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THTLE SVD NAME YOUNG, JULIE 22 NAME STREET ADDRESS **480**8 W. **Booth** Rd. 2.3 STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZiP DELETE Change TITLE 5.1 TITLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREE1 ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STHEET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

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.