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Feb 05, 1999 8:00am

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

ANNUAL REPORT  1999		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
1. Corporation	MENT # J65360 LORIDA REFRIGERATION,	INC.		/	02-05-1999 90001 009 ****150	.00	
NOME	COMPA NET MIGENATION,						
Principal Place of Business Mailing Address					1 (86:11) 21(4 41(4) 21:33 11:16 21(1) 26:1 01:11	31914 81915 61911 6	) B   8(81)  89)
3636 LENOX AVENUE 3636 LENOX AVENUE							
JACKSONVILLE	FL 32254	JACKSONVILLE FL 32254 US			DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed 04/01/1987		
2. Principal Place of Business 2a. Mailing Address			<u> </u>		4. FEI Number	Ap	plied For
21	acc of Bacilloop	26			59-2792612	No	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	- 1
23	28				Trust Fund Contribution	Added 1	o Fees
Žip	Country Zip			try	8. This corporation owes the current year Intangible Personal Property Tax. Yes \( \sum No		
24	9. Name and Address of Current	Pagistared Agent	<u>)</u>		10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		31 Name	10.		
	, DANIEL D.		32 Street Addr	ess (P.O. Box Number is Not Acceptable)			
2301 INDEPENDENT SQUARE				Street Addit	ess (F.O. Box (valider is not Acceptable)	3. <del>*</del>	14 19 1 1 1 1
ONE INDEPENDENT DRIVE					A Set Sentence		
JACKSONVILLE FL 32202				84 City		85 Zip (	Code
41 77 FF - 4 1 1	program of			. <i>'</i>	FL	<u>-                                     </u>	
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.							
	m lanullar with, and accept the congac	ons of account our seco, there					
digitatio, typica of printed transfer and				gent signature require		ALD DIDEOTO	NDO (N) 40
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	DIRECTC Change	Addition
TITLE	D DOICKER TOMMY	C) octain	1.1 HILL		•		
NAME	DRISKELL, TOMMY 3636 LENOX AVENUE			EET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL		1.4 CiTY-ST-ZIP				
CITY-ST-ZIP TITLE			2.1 TITL			☐ Change	☐ Addition
NAME.	· · · · · · · · · · · · · · · · · · ·		22 NAME				
STREET ADDRESS	3 3636 LENOX AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CIT	Y-ST-ZIP			
TITLE	ST DELETE		3.1 TTTL	E		Change	☐ Addition
NAME ()	DRISKELL, LYNN		3.2 NA				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL DELETE			Y-ST-ZIP		Change	Addition
TITLE	, ,	LJ DELETE 4.1					
NAME STREET ADDRESS		* .	4.3 STI				
CITY-ST-ZIP		·		Y-ST-ZIP	_		
TITLE		☐ DELETE	5.1 TITI			☐ Change	☐ Addition
NAME	* * **		5.2 NA				
STREET ADDRESS	a ·		L	REET ADORESS			
CITY-ST-ZIP	J.		┺	Y-ST-ZIP		Change	. Addition
TITLE	M	☐ DELETE	6.1 TITI 6.2 NAJ			□ ouange	
NAME				REET ADDRESS			
OTDEET ADDDESS	1						l l

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.

6.4 CITY-ST-ZIP