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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J66509 **DOCUMENT #**

(7)

JOHNS REFRIGERATION & MAJOR APPLIANCE SERVICE, I

NC.



Francipal Place of Business Maning Address							
% JOHN MCCULLOUGH 2908 HIGHWAY 27, S. LAKE WALES FL 33853 \$\text{SOURCE}\$ JOHN MCCULLOUGH 2908 HIGHWAY 27. LAKE WALES FL 33853			. S .		Date Incorporated or Qualified	3a. Date of Last Report	
					04/10/1987		8/1995
2. Principal Place of Business 2a. 1 26		2a. Mailing Address 26	. Mailing Address		4. FEI Number 59-2835073		Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	F-3		5. Certificate of Status Desired	See Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25]	7ip 29	Country 30		8. This corporation has liability for in Florida Statutes Yes	□ No	
	9. Name and Address of Cur	rent Registered Agent		т	10. Name and Address of New R	egistered Agen	<u>t</u>
MCCULL	OLICH IODN		81	Name			
MCCULLOUGH, JOHN 2908 HIGHWAY 27 S. LAKE WALES FL 33853				82 Street Address (P.O. Box Number is Not Acceptable) 83			
LANE III	ALES TE 30003		84	ļ <u>.</u>	***************************************	 85	Zip Code
				<u> </u>	pration submits this statement for the puri	FL °°	<u> </u>
12.	patine typed or printed name of registerers a OF FICERS A	Jest and the Popplecasie (I AND DIRECTORS	NOTE: Registered Age	nt signature requir	ed when reinstating ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	·
NAME STREET ADDRESS	MCCULLOUGH, JOHN 2908 HIGHWAY 27, S		1 1 TITLE 12 NAME 13 STREE	T ADDRESS			ange 🔲 Addition
City-St-ZiP	LAKE WALES FL	☐ DELETE	14 CHY-	ST - ZIP		[] Ch	ange
NAME STREET ADDRESS	MCCULLOUGH, SANDY 2908 HIGHWAY 27, S		2 1 TITLE 22 NAME 23 STREE	T ADDRESS			ange 🔲 Koomon
City St ZiP	LAKE WALES FL		24 CITY -				
TITLE NAME		DELETE	3 1 TITLE 3 2 NAME			Ch	ange 🔲 Addition
STREET ADDRESS				.T ADDRESS			
CHY S1-70*		€ DELÉTÉ	3 4 CITY -			☐ Ch	ange
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CITY ST-ZiP			4 4 CHTY -				
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NAME			5.2 NAME				
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CITY ST-ZIP			54 CITY-				
TUT.E		DELETE	6 1 THTLE			☐ Ch	ange
1MAM			6 2 NAME				
STREET ADDRESS			4	T ADDRESS			
CITY - ST - ZIF			64 CITY-	ST-ZiP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DANSLAVE. M. Cullough signature and typed on printed mane of signing officer of director

2.2.96 (941)676-5283