Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90190 032 \*\*\*158.75

## 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

## **DOCUMENT # K33985**

1. Corporation Name

JON'S AIR CONDITIONING & REFRIGERATION . INC

3014 3 A	IN CONDITIONING & NEITH	INCLUMINATION , INC.							
Principal Place	e of Business	Mailing Address						)+1 WIWIT 37E-	11 61615 81611 1881
171 HOOD AVENUE, STE 5A 171 HOOD AVENUE, STE 5									
P.O. BOX 820 P.O. BOX 820									
TAVERNIER FL 33070-7820 TAVERNIER FL 33070-7820						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/20/1988			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21 26						65-0074684			Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	DZ		5 Additional
22 27								<del></del>	Required
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28	<u> </u>			Trust Fund Contribution	<del></del>		d to Fees
Zip	Country	Zip	Country	'		8. This corporation owes the curr		ingible LYYes	□No
24	25	29 30	<u>'</u>			Personal Property Tax.  10. Name and Address of New F			
	9. Name and Address of Currer	it Registered Agent	81	Name		10. Name and Address of New P	tegistered A	.gent	<del></del>
RAPI	rh, Jonathan D.		"	INAIIIE	•				
128 FAIRWICH COURT			82	Street	Addres	ss (P.O. Box Number is Not Accepta	able)		
	RNIER FL 33070		83					·	
INT	THILL I L GOOT		63						
			84	City			FL	85 Zij	p Code
				L		ation of the thin state and for the		hanging	ite registered
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth-	onzea ov	tne cord	oration	's board of directors. I hereby accep	ot the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Re	gistered Ager	nt signature	required w	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	FORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			•		Change	e Addition
NAME	BARTH, JONATHAN D.		1.2 NAME					•	
STREET ADDRESS	128 FAIRWICH COURT		1.3 STREE	TADDRESS	3				
CITY-ST-ZIP	TAVERNIER FL		1.4 CITY-S	T-ZIP					
TITLE	VST	☐ DELETE	2.1 TITLE		Τ			Change	e 📑 Addition
NAME	BARTH, VALERIE C.		2.2 NAME			•			
STREET ADDRESS	128 FAIRWICH COURT		2.3 STREE	ADDRESS	3	•			ļ
CITY-ST-ZIP	TAVERNIER FL		2.4 CITY-5	T-ZIP					
TITLE	<del>-</del> -,	☐ DELETE	3.1 TITLE					☐ Chang	e Addition
NAME		i	3.2 NAME				•		
STREET ADDRESS			3.3 STREE	ADDRESS	3			•	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Chang	e Addition
NAME		,	4. 2 NAME						
STREET ADDRESS		i	4.3 STREE	TADORESS	3				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP					<i></i>
TITLE		☐ DELETE	5.1 TITLE		T			☐ Chang	e
NAME			5.2 NAME	•	-				
STREET ADDRESS			5.3 STREE	TADDRESS	3				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	e
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADORESS	3				

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

SIGNATURE: TAUREGUNGANTREQUI

01-08-**49** 

305-852-30/3 Daytime Phone #

JKZEU34 (11/98