PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90063 018 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03540

INDUSTHIAL	REFRIGERATION SERVIC	CES, INC.		I NEW TO AN ELECTRIC THE THE THE TERM THE T		
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rincipal Place of	Business	Mailing Address				
SIA MI PLENOMI NONO				DO NOT WRITE IN THIS SPACE		
14 MT. PLEASANT ROAD HAMPTON GA 30228 HAMPTON GA 30228				3. Date Incorporated or Qualifed		
AMI (V)				3. Date incorporated by Qualifor		
	•	•		10/01/1984 4. FEI Number	Applied	For
		2a. Mailing Address		58-1216661	Not App	
. Principal Place	of Business	26			\$8.75 Addition	onal -
<u> </u>		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Require	
Suite, Apt. #,	etc.	27		6. Election Campaign Financing	\$5.00 May	Be
2		City & State		Trust Fund Contribution	Added to Fe	es
City & State		28		This corporation owes the current y	ear Intangible	\
3	Country	Zip	Country	Occasion Property Tax.		<u> </u>
Zip :		2930	<u> </u>	10. Name and Address of New Regis	stered Agent	
4	9. Name and Address of Curren	t Registered Agent	81 Name			
_ 			1 - 1	Attember is Not Acceptable)		
CT CO	RPORATION SYSTEM	And the second second	82 Street A	dress (P.O. Box Number is Not Acceptable)	<u> </u>	10
1200 \$	S. PINE ISLAND ROAD	* *	83			11 (11
PI ANT	ATION FL 33324		83		85 Zip Code	e
			84 City			1
11. Pursuant to	the provisions of Sections 607.050	of Florida, Such change was au of Florida, Such change was au	thorized by the corpor da Statutes.	ration's board of directors, I hereby accept the		•
ugo,i			thorized by the corpol da Statutes. Registered Agent signature re	corporation submits this statement for the pur ration's board of directors. I hereby accept the	ERS AND DIRECTORS	S IN 12
ugo,	ar printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	S IN 12
ugo,i,	Signature, typed or printed name of registered ag OFFICERS A		Registered Agent signature re		ERS AND DIRECTORS	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE:	Registered Agent signature re		ERS AND DIRECTORS	S IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A VD MATHEWS, FORBES H.	ent and title if applicable. (NOTE:	Registered Agent signature re 13. 1.1 TITLE		ERS AND DIRECTORS	IN 12 Addition
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A VD MATHEWS, FORBES H. 385 STONE RIDGE WAY	ent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS	IN 12 Addition
SIGNATURE 12. TITLE NAME	OFFICERS A VD MATHEWS, FORBES H. 385 STONE RIDGE WAY FAYETVILLE GA	ent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS	IN 12 Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS	OFFICERS A VD MATHEWS, FORBES H. 385 STONE RIDGE WAY FAYETVILLE GA PD	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ERS AND DIRECTORS	N 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A VD MATHEWS, FORBES H. 385 STONE RIDGE WAY FAYETVILLE GA PD BROWN, REX	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ERS AND DIRECTORS	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A VD MATHEWS, FORBES H. 385 STONE RIDGE WAY FAYETVILLE GA PD BROWN, REX 877 ANTIOCH ROAD	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME		ERS AND DIRECTORS	Addition
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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 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 trustate 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.

SIGNATURE

Daytime Phone #