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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018979 (3)

C&J AIR CONDITIONING AND REFRIGERATION, INC.

Principal Place of Business Mailing Address 1900 CANTON ST. 1900 CANTON ORLANDO FL 32903 ORLANDO FL			ST.					
					3. Date Incorporated or Qualified 03/10/1993	3a. Date of 1	•	
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26	<u>-</u>		59-3173377		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	<u>-</u>		5. Certificate of Status Desired		.75 Additional ee Required	
City & Sta	ite	City & State			6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Zip Country		8. This corporation has liability for			
24	25	29	30			☐ Yes ☐ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent		
ME	ADE, CHRISTOPHER O		8	1 Name				
	O CANTON ST.		8	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
OR	LANDO FL 32803		į	_L				
			8	3				
			8	4 City		FL 85	Zip Code	
office or agent 1: SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change w ligations of, Section 607.0505	ras authorized , Florida Statut	by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acce	opt the appointme	ent as registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
TITLE	D	DELETE	1.1 THTL			C	hange 🔲 Addition	
NAME	MEADE, RAYMOND ST		1.2 NAM	E				
STREET ADDRESS	(1.3 STRE	ET ADDRESS				
CITY-ST-7IP	PALM BEACH GARDENS FL		1.4 CITY	-ST-7IP				
TITLE	D	☐ DELETE	2.1 TITLI				hange	
NAME	WEBB, JAMES P		2.2 NAM	E]				
STREET ADDRESS			2.3 \$TRE	ET ADDRESS				
CITY S1-ZIP	WINTER PARK FL 32792			r-st-zip			, , , , , , , , , , , , , , , , , , ,	
TITLE	D	☐ DELETE	3 1 TITL	i			hange Addition	
NAME	MEADE, CHRISTOPHER O		3.2 NAM	- 1				
STREET ADDRESS	1		1	ET ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32803	DELETE	3.4. Cith 4.1 Titu	r-ST-ZIP		[] C	hange Addition	
TITLE		☐ vcceie				ں لیا	mi-Ac TI Violitoit	
NAME CYDECT ADDRESS			4. 2 NAA	ET ADDRESS				
STREET ADDRESS CITY - ST - ZIP				-ST-ZIP				
TITLE		DELETE					hange Addition	
NAME		hanr - accip	5.2 NAM	1				
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE					hange Addition	
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				

64 CITY-ST-ZIP

14. I do 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 perporation 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 3 if changled, or go an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 16 1997 8:00am

Secretary of State