

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000045512 (9)

1. Corporation Name

A TRUE REFRIGERATION SERVICE, CORP.



Principal Place of Business

Mailing Address

P O BOX 6219  
HOLLYWOOD FL 33081  
US

P O BOX 6219  
HOLLYWOOD FL 33081  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

65-0419432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 14654 62 CT North

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee, FL

Zip

24 33470

Country

25 U.S.

2a. Mailing Address

26 PO Box 210033

Suite, Apt. #, etc.

27

City & State

28 West Palm Bch, FL

Zip

29 33421

Country

30 US

9. Name and Address of Current Registered Agent

CHEVRES, JOSE A  
7450 FILLMORE STREET  
HOLLYWOOD FL 33024

Change of  
address

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 14654 62 CT North

84

City

Loxahatchee

FL

85 Zip Code

33470

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.

SIGNATURE

*Jose A. Chevres*  
Signature typed or printed name of registered agent and title if applicable

Jose Chevres, President

DATE 3-26-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CHEVRES, JOSE A  
STREET ADDRESS 7450 FILLMORE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D, President  
1.3 STREET ADDRESS Jose Chevres  
1.4 CITY-ST-ZIP 14654 62 CT North  
Loxahatchee, FL 33470

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Jose A. Chevres*

3-24-98 561-790 560

CR2E034 (10/97)