

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000043820 (7)

1. Corporation Name

OWENS' REFRIGERATION AND AIR CONDITIONING INC.

Principal Place of Business

Mailing Address

P O BOX 2012
SEFFNER FL 33584

P O BOX 2012
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/08/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 City & State

24 City & State

25 City & State

26 City & State

27 City & State

28 City & State

29 City & State

30 City & State

4. FEI Number

59-3080510

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

6. This corporation has liability for intangible tax under § 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWENS, BRENDA G
5837 TURKEY TREE LANE
PLANT CITY FL 33567

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of person named as registered agent and the corporation's board of directors.

Signature of person named as registered agent and the corporation's board of directors.

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PRESIDENT, M
VICTOR OWENS JR.
5738 TURKEY TREE LANE
PLANT CITY, FL 33567

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change

☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
V.C.
BRENDA G. OWENS
5738 TURKEY TREE LANE
PLANT CITY, FL 33567

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change

☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
T.S.
MAE GONZALEZ
206 NO. TAYLOR RD
SEFFNER, FL 33584

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change

☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change

☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(c)(1), 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 of changed, or both, in accordance with an address.

SIGNATURE: *Brenda G. Owens* BRENDA G. OWENS

APRIL 27/95 787-3108