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DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000044934 (5)**
1. Corporation Name
C & Z REFRIGERATION, INC.

Principal Place of Business: **429 E. OAKHURST ST. ALTAMONTE SPRINGS FL 32701**
Mailing Address: **429 E. OAKHURST ST. ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/13/1994**
3a. Date of Last Report: **N/A**

4. FEI Number: **59-3253754**
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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **N/A**
2a. Mailing Address: **N/A**

21. State: **N/A**
22. State: **N/A**
23. City & State: **N/A**
24. Zip: **N/A**
25. Country: **N/A**

26. State: **N/A**
27. State: **N/A**
28. City & State: **N/A**
29. Zip: **N/A**
30. Country: **N/A**

9. Name and Address of Current Registered Agent
**CAMMARATA, ANGELICA E
429 E. OAKHURST ST.
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name: **N/A**
82. Street Address (P.O. Box Number is Not Acceptable): **N/A**
83. City: **N/A**
84. City: **N/A** **FL** 85. Zip Code: **N/A**

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.
N/A

SIGNATURE: _____ (Signature of Registered Agent Required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMARATA, FRANK R	1.2 NAME	Cammarata, Frank R.
STREET ADDRESS	429 E. OAKHURST ST.	1.3 STREET ADDRESS	429 E. Oakhurst St.
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY, ST, ZIP	Altamonte Sprngs, FL 32701
TITLE	D	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMARATA, ANGELICA E	2.2 NAME	Cammarata, Angelica E.
STREET ADDRESS	429 E. OAKHURST ST.	2.3 STREET ADDRESS	429 E. Oakhurst St.
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY, ST, ZIP	Altamonte Springs, FL 32701
TITLE	D	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, JOSEPH D	3.2 NAME	Zamora, Joseph D.
STREET ADDRESS	2129 E. ESTHER ST.	3.3 STREET ADDRESS	2129 E. Esther St.
CITY, ST, ZIP	ORLANDO FL 32806	3.4 CITY, ST, ZIP	Orlando, FL 32806
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, KAY D	4.2 NAME	
STREET ADDRESS	2129 E. ESTHER ST.	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32806	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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: **Angelica E. Cammarata** *Angelica E. Cammarata* **2/20/95** **407-244-5123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR