

DOCUMENT # P96000010935

1. Entity Name

A AARON REFRIGERATION & AIR CONDITIONING, INC.

1. Entity Name

Principal Place of Business	Mailing Address
17133 ALEXANDER RUN JUPITER FL 33478	17133 ALEXANDER RUN JUPITER FL 33478-5274

2. Principal Place of Business	3. Mailing Address
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City & State	City & State
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Applied For
Not Applicable

KEBECK, MARYANN
17133 ALEXANDER RUN
JUPITER FL 33478

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

DATE _____

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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11.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PV	<input type="checkbox"/> Delete
NAME	KEBECK, JOHN W	
STREET ADDRESS	17133 ALEXANDER RUN	
CITY-ST-ZIP	JUPITER FL 33478	

TITLE	PV	<input type="checkbox"/> Delete
NAME	KEBECK, JOHN W	
STREET ADDRESS	17133 ALEXANDER RUN	
CITY - ST - ZIP	JUPITER FL 33478	

TITLE	TS	<input type="checkbox"/> Delete
NAME	KEBECK, MARY ANN	
STREET ADDRESS	17133 ALEXANDER RUN	
CITY - ST - ZIP	JUPITER FL 33478	

TITLE	TS	<input type="checkbox"/> Delete
NAME	KEBECK, MARY ANN	
STREET ADDRESS	17133 ALEXANDER RUN	
CITY - ST - ZIP	JUPITER FL 33478	

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)