

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mort Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071556 (0)

1. Corporation Name

JPO AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business
1317 PINEY BRANCH CIRCLE
VALRICO FL 33594

Mailing Address
1317 PINEY BRANCH CIRCLE
VALRICO FL 33594-4912

3. Date Incorporated or Qualified
08/26/1996

3a. Date of Last Report

2. Principal Place of Business
21 3109 Pearson Rd

2a. Mailing Address
26 P.O. Box 178

4. FEI Number
59-3424380

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Valrico, FL

City & State
28 Valrico, FL

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

Zip
24 33594

Country
25

Zip
29 33595

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OSMANSKI, JACK P
1317 PINEY BRANCH CIRCLE
VALRICO FL 33594

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when re-stating)

DATE

3-10-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSMANSKI, JACK P	
STREET ADDRESS	1317 PINEY BRANCH CIRCLE	
CITY - ST - ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSMANSKI, CINDY	
STREET ADDRESS	1317 PINEY BRANCH CIRCLE	
CITY - ST - ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3109 Pearson Rd	
1.4 CITY - ST - ZIP	Valrico, FL 33594	
2.1 TITLE	V, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3109 Pearson Rd	
2.4 CITY - ST - ZIP	Valrico, FL 33594	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

3-10-97

CR2E034 (9/96)