

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 038 ***150.00

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1. Entity Name

CATO REFRIGERATION & AIR CONDITIONING, INC.



Principal Place of Business

19 E 17TH STREET
SAINT CLOUD FL 34769
US

Mailing Address

19 E 17TH STREET
SAINT CLOUD FL 34769
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3507801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUNTAIN, DENNIS F
5703 RED BUG LAKE ROAD
PMB 237
WINTER SPRINGS FL 32708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CATO, ROBERT P.
STREET ADDRESS 218 COSMOS DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE ST ☐ Delete
NAME CATO, EDWIN
STREET ADDRESS 12 E 17TH STREET
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE VP ☐ Delete
NAME CATO, TRAVIS
STREET ADDRESS 222 N HIAWASSEE ROAD APT 17
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 106 Mississippi Avenue
CITY-ST-ZIP St. Cloud, FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 106 Mississippi Avenue
CITY-ST-ZIP St. Cloud, FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 110 South Buena Vista Avenue
CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

407/891-8890

Daytime Phone #