

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90097 005 ***150.00

DOCUMENT # P98000002467

1. Corporation Name

FREEZEPOINT REFRIGERATION & A/C, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3233 WEST CYPRESS STREET
SUITE 2
TAMPA FL 33607

Mailing Address

3233 WEST CYPRESS STREET
SUITE 2
TAMPA FL 33607

2. Principal Place of Business

21 3233 West Cypress St.

2a. Mailing Address

26 805 N. Bradford Ave.

Suite, Apt. #, etc.

22 Suite #2

Suite, Apt. #, etc.

27

City & State

23 TAMPA FL

City & State

28 TAMPA, FL

Zip

24 33607

Country

25

Zip

29 33609

Country

30

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

59-3486553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Joseph A. HERNANDEZ

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

805 N. Bradford Ave.

83

84 City

TAMPA

FL

85 Zip Code

33609

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

Joseph A. Hernandez

Director

Joseph A. Hernandez

3/15/99

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HERNANDEZ, JOSEPH A
STREET ADDRESS 3233 WEST CYPRESS STREET
CITY-ST-ZIP TAMPA FL 33607

☐ DELETE

TITLE V
NAME CARTER, ALAN R
STREET ADDRESS 3233 WEST CYPRESS STREET
CITY-ST-ZIP TAMPA FL 33607

☐ DELETE

TITLE T
NAME BANKS, JEFFREY
STREET ADDRESS 3233 WEST CYPRESS STREET
CITY-ST-ZIP TAMPA FL 33607

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Joseph A. Hernandez

Date

3/8/99

Daytime Phone #

813-877-4142

CR2034 (11/98)