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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V02396** **(2)**

1. Corporation Name

JAY'S A.C. & REFRIGERATION, INC.

Principal Place of Business

13110 TIFTON DRIVE
TAMPA FL 33618
US

Mailing Address

13110 TIFTON DRIVE
TAMPA FL 33618
US

3. Date Incorporated or Qualified: **12/26/1991**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business
21 3323 MUSTANG RD.
22 Suite, Apt. #, etc.
23 City & State: BROOKSVILLE, FL
24 Zip: 34609
25 Country: HERNANDO

2a. Mailing Address
26 3323 MUSTANG RD.
27 Suite, Apt. #, etc.
28 City & State: BROOKSVILLE, FL.
29 Zip: 34609
30 Country: HERNANDO

4. FEI Number: **59-3098576** ☐ 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

9. Name and Address of Current Registered Agent

TIPALODO, VINCENT
13110 TIFTON DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: VINCENT TIPALDO
82 Street Address (P.O. Box Number is Not Acceptable): 17322 OAK LEDGE DRIVE
83
84 City: LUTZ **FL** 85 Zip Code: 33549

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 of New Registered Agent, if changing) (Signature of Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIPALDO, VINCENT 13110 TIFTON DRIVE TAMPA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D VINCENT TIPALDO 17322 OAK LEDGE DR. LUTZ, FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIPALDO, PATRICIA 13110 TIFTON DRIVE TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D PATRICIA TIPALDO 17322 OAK LEDGE DR. LUTZ, FL. 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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(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.

SIGNATURE: Vincent Tipaldo VINCENT TIPALDO 1/23/96 (904) 544-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #