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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3323 MUSTANG ROAD
BROOKSVILLE FL 34609
US

Mailing Address

3323 MUSTANG ROAD
BROOKSVILLE FL 34609-8113
US



3. Date Incorporated or Qualified
12/26/1991

3a. Date of Last Report
01/30/1996

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

2. Principal Place of Business

21 10581 HEARTH RD.

Suite, Apt. #, etc.

22

City & State

23 SPRING HILL, FL.

Zip

24 34608

County

25 HERNANDO

2a. Mailing Address

26 10581 HEARTH RD.

Suite, Apt. #, etc.

27

City & State

28 SPRING HILL, FL

Zip

29 34608

Country

30 HERNANDO

9. Name and Address of Current Registered Agent

TIPALDO, VINCENT
17322 OAK LEDGE DRIVE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME TIPALDO, VINCENT
STREET ADDRESS 13110 TIFTON DRIVE
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE
NAME TIPALDO, PATRICIA
STREET ADDRESS 13110 TIFTON DRIVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME TIPALDO, VINCENT
1.3 STREET ADDRESS 17322 OAK LEDGE DRIVE
1.4 CITY-ST-ZIP LUTZ, FL. 33549

2.1 TITLE S/T ☒ Change ☐ Addition
2.2 NAME TIPALDO, PATRICIA
2.3 STREET ADDRESS 17322 OAK LEDGE DRIVE
2.4 CITY-ST-ZIP LUTZ, FL 33549

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 do 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.

SIGNATURE: VINCENT TIPALDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Tipaldo 352-666-9800

Date

Daytime Phone #

CR2E034 (9/96)