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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

ABSOLUTE COOLING AND REFRIGERATION, INC.

FILED Apr 20 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | { | I WENT BINK DIKI | | |
|---|--|--------------------------------------|---------------------------|--|--|--|---------------------|--------------|----------------------------|
| 5731 ELDER DRIVE 5731 ELDER DRIVE | | | | | | | | | |
| W. PALM BEA | | W. PALM BEACH FL 33415 | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/26/1992 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Ar | plied For |
| 21 26 | | | | | | 65-0353688 | | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | □ \$ | 3.75 | Additional |
| 27 | | | | | | 5. Certificate of Status Desired | | Fee Re | quired |
| City & State | • | City & State | ¬ ´ | | | 6. Election Campaign Financing | | | May Be |
| 23 28 28 700 | | | Country | | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | 30 | | | 8. This corporation owes or has paid Personal Property Tax due June 3 | | _ | angible 7 No |
| 24 | 25 29 30 30 2 Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | |
| LUTTRELL, GLENN J. | | | | | Name | | <u> </u> | ********** | ···· |
| 5731 ELDER DR. | | | | 32 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| WEST PALM BEACH FL 33415 | | | | 92 | Street Addres | t Address (P.O. Box Number is Not Acceptable) | | | |
| | | | Ī | 33 | | • | | | |
| | | | | B4 | City | | —. 85 | T Zip (| Code |
| | | | | | • | | FL | 1 | |
| office or re | egistered agent, or both, in the State. | of Florida. Such change was a | udborizad | hw t | named corpo | ration submits this statement for the purely accept | urpose of cha | nging its | s registered 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 MANAGETT COLENAL LUTTELL 4-11-98 | | | | | | | | | |
| | | | | Agent | signature required | ADDITIONS/CHANGES TO OFFICE | DATE ERS AND DIE | ECTOR | PS IN 12 |
| 12. | D | DELETE 1.1 | | | | ADDITIONS/CHANGES TO OTHER | | Change | Addition |
| NAME | LUTTRELL, GLENN J. | 1.2 N | | | | | | • | |
| STREET ADDRESS | 5731 ELDER DR. | | | EET AI | DDRESS | | | | |
| CITY-ST-ZIP | W. PALM BCH. FL 1.40 | | 1.4 CITY | Y-S1- | ZIP | | | | |
| TITLE | D DELETE 2.11 | | 2.1 TITL | 2.1 TITLE | | | | Change | ☐ Addition |
| NAME | LUTTRELL, MARTHA A. | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 5731 ELDER DR. | | 2.3 STR | 2.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | W. PALM BCH. FL | | 2. 4 CITY - S | | - ZIP | | | | |
| TITLE | DELETE | | 3.1 TITL | 3.1 TITLE | | | | Change | Addition |
| NAME | | | 3.2 NAN | 3.2 NAME | | | | | |
| STREET ADDRESS | s | | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | | - ZIP | | | Change | Addition |
| TITLE | | | 4.1 1170 | | | | | n lange | Xuullion |
| NAME OTOGET ADDRESS | | | | 4. 2 NAME 4.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | | | | | I | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - 1 5.1 TITLE | | ZIF | 50000249 | | thenge | Addition |
| NAME | | | 5.2 NAN | | | 50000249 -04/20/980102 | 28- - 010 | - | |
| STREET ADDRESS | | | 5.3 STREE | | DDRESS | ***150.00 | | | |
| CITY-\$T-ZIP | | | | 5.4 CITY - ST - ZIP | | | | | |
| TITLE | | | 6.1 TITL | | | | | Tange | Addition |
| NAME | | | 6.2 NAN | ΛE | | | i | <i></i> - | |
| STREET ADDRESS | | | 6.3 STR | 6.3 STREET ADDRESS | | | | 1 | 16 |
| CITY-ST-ZIP 6.4 | | | 6.4 CITY | | | | | () | |
| | artify that the information supplied w | ith this filing does not qualify for | or the exer | nplic | on stated in S | ection 119.07(3)(i), Florida Statutes. I | further certify | hat the | information |

indicated on this arrival report or supplemental arrival 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 or an attachment with an oddress.