

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **430178** (4)

1. Corporation Name  
**A-1 AIR CONDITIONING & REFRIGERATION SERVICE, INC.**



Principal Place of Business: **4704 VINCENNES BLVD. CAPE CORAL FL 33904**  
Mailing Address: **4704 VINCENNES BLVD. CAPE CORAL FL 33904**

3. Date Incorporated or Qualified: **07/10/1973**  
3a. Date of Last Report: **01/20/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>59-1484724</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

**9. Name and Address of Current Registered Agent**

**SPIAK, JOSEPH V.  
3460 N KEY DRIVE  
APT 309E  
N FT MYERS FL 33903**

**10. Name and Address of New Registered Agent**

81 Name: **JAMES C. SPIAK**  
82 Street Address (P.O. Box Number is Not Acceptable): **A-1 AIR CONDITIONING & REFRIGERATION SERVICE,**  
83 **4704 Vincennes Boulevard**  
84 City: **Cape Coral** FL 85 Zip Code: **33904**

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: *James C. Spiak* **James C. Spiak** Registered Agent **Feb. 9, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>SPIAK, JOSEPH V</b>		1.2 NAME: <b>SPIAK, JAMES C.</b>	
3. STREET ADDRESS: <b>3460 N KEY DR, APT 309E</b>		1.3 STREET ADDRESS: <b>4704 Vincennes Boulevard</b>	
4. CITY-ST-ZIP: <b>N FT MYERS, FL 00000</b>		1.4 CITY-ST-ZIP: <b>Cape Coral, FL 33904</b>	
5. TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:		2.2 NAME:	
7. STREET ADDRESS:		2.3 STREET ADDRESS:	
8. CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		3.2 NAME:	
11. STREET ADDRESS:		3.3 STREET ADDRESS:	
12. CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		4.2 NAME:	
15. STREET ADDRESS:		4.3 STREET ADDRESS:	
16. CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
17. TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		5.2 NAME:	
19. STREET ADDRESS:		5.3 STREET ADDRESS:	
20. CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
21. TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:		6.2 NAME:	
23. STREET ADDRESS:		6.3 STREET ADDRESS:	
24. CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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\*\*\*200.00

*JS*  
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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)(k), 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: *James C. Spiak* **JAMES C. SPIAK Pres.** **Feb. 9, 1996** **941-542-7359**