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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:21

DOCUMENT # 510533 (3)

1. Corporation Name
CLIMATE CONTROL SERVICES, INC.

Principal Place of Business	Mailing Address
1900 MCNAB AVENUE DELRAY BEACH FL 33444	1900 MCNAB AVENUE DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/13/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1601232 ☐ 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

ELLIS, DEANE H
802 NW 1ST AVENUE
DELRAY BEACH, FL
33444

Address change only

10. Name and Address of New Registered Agent

01 Name: H. DEANE ELLIS
02 Street Address (P.O. Box Number is Not Acceptable): 1900 MCNAB AVENUE
03
04 City: DELRAY BEACH, FL FL 05 Zip Code: 33444

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: H. Deane Ellis President 1/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ELLIS, DEANE H	1.2 NAME	ELLIS, H. DEANE
STREET ADDRESS	802 NW 1ST AVENUE	1.3 STREET ADDRESS	1900 MCNAB AVENUE
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VTD	2.1 TITLE	VTD ☐ Change ☐ Addition
NAME	ELLIS, RITA	2.2 NAME	ELLIS, RITA W. X
STREET ADDRESS	802 NW 1ST AVENUE	2.3 STREET ADDRESS	1900 MCNAB AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 00000	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: H. DEANE ELLIS PRESIDENT H. Deane Ellis 1/27/95 407-278-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267830 CP