

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

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96 FEB 20 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F89914 (8)

1. Corporation Name  
CJ'S HEATING, AIR CONDITIONING & ELECTRICAL, INC



Principal Place of Business

Mailing Address

C/O THOMAS C MEHURON  
8423 NEW YORK AVE  
HUDSON FL 34867-3461  
US

GEORGE N. KLIMIS, P.A.  
30 NO. RING AVE., STE 400  
TARPOON SPRINGS FL 34689  
US

3. Date Incorporated or Qualified 07/06/1982	3a. Date of Last Report 03/02/1995
4. FEI Number 59-2206923	Applied For Not Applicable
5. Certificate of Status Due	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

26. State, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEHURON, THOMAS C  
8423 NEW YORK AVE  
HUDSON FL 34867

81. Name: George N Klimis  
82. Street Address: 30 N. Ring Ave Suite 400  
83. City: Tarpon Springs  
84. State: FL  
85. Zip: 34689

11. Pursuant to the provisions of Sections 607.002 and 607.1504, 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. This 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 duties of, Sections 607.002, Florida Statutes.

SIGNATURE

*[Signature]*

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PTD MEHURON, THOMAS C	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10400 HILLTOP DRIVE	2. NAME	
CITY & STATE	NEW PORT RICHEY FL	3. STREET ADDRESS	
ZIP	VSD	4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNTERWEGER, RICHARD E	5. NAME	
STREET ADDRESS	9005 MICHIGAN AVENUE	6. STREET ADDRESS	
CITY & STATE	BROOKSVILLE FL	7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		8. NAME	
NAME		9. STREET ADDRESS	
STREET ADDRESS		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		11. NAME	
ZIP		12. STREET ADDRESS	
NAME		13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
ZIP		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am an attorney with an address:

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (1/2/95)