

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Nancy B. Neuman
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

DOCUMENT # G89250 (6)

C & H HEAT & AIR INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepaid Mail or Registered Mail
FRANK L. COTTON, JR.
CORRAL ST., P.O. BOX 3009
BELLEVIEW FL 34421
US

Mailing Address
FRANK L. COTTON, JR.
CORRAL ST., P.O. BOX 3009
BELLEVIEW FL 34421
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2387658	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent
COTTON, JR., FRANK L.
CORRAL STREET
P.O. BOX 3009
BELLEVIEW FL 34421

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____
By _____, Secretary of State

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	VPD COTTON, JR., FRANK L. P.O. BOX 3009 N/A BELLEVIEW FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
4. ZIP		4. ZIP	
5. NAME	STD COTTON, SHIRLEY P.O. BOX 3009 N/A BELLEVIEW FL	5. NAME	☐ Change ☐ Addition
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY & STATE		7. CITY & STATE	
8. ZIP		8. ZIP	
9. NAME		9. NAME	☐ Change ☐ Addition
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY & STATE		11. CITY & STATE	
12. ZIP		12. ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	
16. ZIP		16. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in law under Sections 190.01, Florida Statutes. I further certify that the information included 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. I shall be an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Shirley Cotton *Shirley Cotton* 5/10/95 10:24:55 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR