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 # 373323 (5)

1. Corporation Name

HAINES REFRIGERATION AND AIR CONDITIONING, INC.

Principal Place of Business
3963 BONITA BEACH RD. S.W.
PO BOX 2729
BONITA SPRINGS FL 33959

Mailing Address
3963 BONITA BEACH RD. S.W.
PO BOX 2729
BONITA SPRINGS FL 33959

3. Date Incorporated or Qualified: 11/30/1970

3a. Date of Last Report: 01/24/1995

4. FEI Number: 59-1307330 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

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

HAINES, T HARVEY
27027 IMPERIAL ST. S.E.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 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
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HAINES, T HARVEY	
STREET ADDRESS	IMPERIAL ST	
CITY-ST-ZIP	BONITA SPGS, FL 00000	
TITLE	S	☐ DELETE
NAME	HAINES, L FERNE	
STREET ADDRESS	27027 IMPERIAL STREET	
CITY-ST-ZIP	BONITA SPGS, FL 00000	
TITLE	T	☐ DELETE
NAME	MCBIRNEY, SUSAN L	
STREET ADDRESS	143 FLAME VINE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	☐ DELETE
NAME	HAINES, THOMAS	
STREET ADDRESS	~~21121 WILD HORSE DR.~~	
CITY-ST-ZIP	ALVA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	P. O. Box 951	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: T. Harvey Haines — T. HARVEY HAINES — 3-11-96 — 941-992-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)