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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
3963 BONITA BEACH RD. S.W. PO BOX 2729 BONITA SPRINGS FL 33959	3963 BONITA BEACH RD. S.W. PO BOX 2729 BONITA SPRINGS FL 34133-2729

3. Date Incorporated or Qualified: **11/30/1970**
3a. Date of Last Report: **03/21/1996**

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

4. FEI Number: **59-1307330** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAINES, T HARVEY		1.2 NAME		
STREET ADDRESS	IMPERIAL ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPGS, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	HAINES, L FERNE		2.2 NAME	Haines, Kathryn L.	
STREET ADDRESS	27027 IMPERIAL STREET		2.3 STREET ADDRESS	25187 Papillion Dr	
CITY-ST-ZIP	BONITA SPGS, FL 00000		2.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCBIRNEY, SUSAN L		3.2 NAME		
STREET ADDRESS	143 FLAME VINE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAINES, THOMAS		4.2 NAME		
STREET ADDRESS	P.O. BOX 951		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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.