

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 # **430178** (4)

1. Corporation Name
A-1 AIR CONDITIONING & REFRIGERATION SERVICE, INC.



Principal Place of Business: **4704 VINCENNES BLVD. CAPE CORAL FL 33904**
Mailing Address: **4704 VINCENNES BLVD. CAPE CORAL FL 33904**

3. Date Incorporated or Qualified: **07/10/1973**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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4. FEI Number: **59-1484724**
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

**SPIAK, JOSEPH V.
3460 N KEY DRIVE
APT 309E
N FT MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name: **JAMES C. SPIAK**
82 Street Address (P.O. Box Number is Not Acceptable): **A-1 AIR CONDITIONING & REFRIGERATION SERVICE,**
83 **4704 Vincennes Boulevard**
84 City: **Cape Coral** FL 85 Zip Code: **33904**

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: *James C. Spiak* **James C. Spiak** Registered Agent **Feb. 9, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PD	<input checked="" type="checkbox"/> DELETE
2. NAME: SPIAK, JOSEPH V	
3. STREET ADDRESS: 3460 N KEY DR, APT 309E	
4. CITY-ST-ZIP: N FT MYERS, FL 00000	
5. TITLE:	<input type="checkbox"/> DELETE
6. NAME:	
7. STREET ADDRESS:	
8. CITY-ST-ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE
10. NAME:	
11. STREET ADDRESS:	
12. CITY-ST-ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE
14. NAME:	
15. STREET ADDRESS:	
16. CITY-ST-ZIP:	
17. TITLE:	<input type="checkbox"/> DELETE
18. NAME:	
19. STREET ADDRESS:	
20. CITY-ST-ZIP:	

1. TITLE: PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: SPIAK, JAMES C.	
3. STREET ADDRESS: 4704 Vincennes Boulevard	
4. CITY-ST-ZIP: Cape Coral, FL 33904	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY-ST-ZIP:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY-ST-ZIP:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY-ST-ZIP:	
17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	
19. STREET ADDRESS:	
20. CITY-ST-ZIP:	

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***200.00

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2.27

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: *James C. Spiak* **JAMES C. SPIAK Pres.** **Feb. 9, 1996** **941-542-7359**