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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation Name

DOCUMENT #

(9)

EXPERT HEATING, AIR CONDITIONING & REFRIGERATION

Principal Place of Business

Mailing Address



6845 PINEFO PENSACOLA	REST RD FL 32526-8931	6845 PINEFORES PENSACOLA FL			3. Date Incorporated or Qualified	3a. Date of Las	-
					04/15/1974	03/28/	
2. Principal Pla	2a. Mailing Address	ailing Address		4. FEI Number	_	Applied For	
21		[26]			59-1517743		Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #. el	C.		5. Certificate of Status Desired	1 1 7 - 1	. 75 Additional ee Required
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
:3		28			Trust Fund Contribution	□ Ac	ided to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has fiability for		rs 199.032,
4	25	29	30			s □No	
	9. Name and Address of Curre	ent Registered Agent		641 N	10. Name and Address of New I	tegistered Agent	
				81 Name			
MAGEE, VERRIS G 6845 PINEFOREST RD PENSACOLA FL 32526				82 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				84 City	A*************************************	FI 85	Zip Code
				LL	orporation submits this statement for the pu		
SIGNATURE _	- /	int as district 1 assertable.	NOTE Registers 13.	G. Mage Agent signature n	ee, President print when ministring ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12
TITLE	PO	☐ DELÉ!		IILE		☐ Char	
NAME	MAGEE, VERRIS G.		12N	AME			
STREET ADDRESS	6845 PINE FOREST RD.		138	REET ADORESS			
CITY-ST-ZIP	PENSACOLA FL		140	: 11 - \$1 - ZIP			
TITLE		☐ DEL€T	E 211	iti.E		☐ Char	nge 🔲 Addition
NAME			2 2 N	AME .			
STREET ADDRESS			238	TREFT ADDRESS			
CITY-ST-ZIP				ITY - ST - ZIP			
TITLE		☐ DELET	E 3 1 7	IIT_E		Chai	nge
NAME			32 N	AME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP		- ,		ITY - ST - ZIF		☐ Cha	nge 🔲 Addition
TITLE		☐ DELET		· ·		Gla	igr. [] Addition
NAME			=	IAME			
STREET ADDRESS				THEE! ACCRESS			
CITY-ST-ZIP		F Dele		DITY - ST - ZIP		□ Cna	nge
TITLE		DELET	٤ 51	HILE			ngs 🔲 rounted

6.4.CITY - ST - ZIP 14. Ido 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 logal effect as if made under oath; that I am an office or direction of the exportation 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 qualiged, Which attachment with an address.

5.2 NAME

6 1 TITLE

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(TY - ST - ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

Verris G. Magee, President 7/31/96 (904) 944-0211

Change

Addition