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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **459326** (5)

1. Corporation Name

CLIMATIC CONDITIONING COMPANY, INC.

Principal Place of Business

**2212 WHITFIELD PARK LOOP
SARASOTA FL 34243**

Mailing Address

**2212 WHITFIELD PARK LOOP
SARASOTA FL 34243-4015**

3. Date Incorporated or Qualified

08/08/1974

3a. Date of Last Report

03/08/1996

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

24

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9. Name and Address of Current Registered Agent

**STEHLER, RICHARD A.
2212 WHITFIELD PARK LOOP
SARASOTA FL 34243**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**PDC
STEHLER, RICHARD A.
7707 HERMITAGE CIRCLE
SARASOTA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**TD
BANNON, GREGORY J.
4329 PASADENA CT
SARASOTA FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**VD
MULLIKIN, NORMAN L.
1609 NORFOLK ST
ST. PETERSBURG FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**VD
STEHLER, PAUL G.
4717 FOY PLACE
SARASOTA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

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, changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

941-758-3080
Daytime Phone #

0431722

CR2E034 (9/96)