## 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

DOCUMENT #

101

| 1. Corporation                             | R CONDITIONING SUPPLIE   | ν-,  |  |   |   |
|--|--|--|--|---|---|
| Principal Place of Business                |  | Maring Address                             |  |   | # :0;:  B:0;:  B:0;  B:0;  B:0;;   0; ;    0; |
| 3135 22ND AVE NO<br>ST PETERSBURG FL 33713 |  | 3135 22ND AVE NO<br>ST PETERSBURG FL 33713 |  |   |   |
|  |  |  |  | <ol> <li>Date Incorporated or Qualified</li> <li>04/13/1976</li> </ol>  | 3a. Date of Last Report<br>05/26/1995   |
| 2. Principal Place of Business             |  | 2a. Mailing Address                        |  | 4. FEI Number   | Applied For   |
| 21  <br>Suite, Apt. #. etc.                |  | 26   |  | 59-1673231  | Not Applicable  |
| 22   |  | Suite Apt. #, etc                          |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required  |
| City & State                               | )  | City & State                               |  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees  |
| Zip<br>24                                  | Country 25   | Z <sub>I</sub> p<br><b>29</b>              | Gountry<br>30  | 8. This corporation has liability for Florida Statutes  | intangible tax under s=199.032,<br>□ No   |
|  | g. Name and Address of Currer  | nt Registered Agent                        |  | 10. Name and Address of New F   | Registered Agent  |
| A ITI FA                                   | AP IIPAINA   |  | 81 Name  |   |   |
| RUTLEDGE, HENRY<br>3135-22ND AVE.,N.       |  |  | 82 Street Add  | iress (P.O. Box Number is Not Acceptat  | Je)   |
|  | NU AVE.,N.<br>ERSBURG FL   |  | 83   |   |   |
| SI. PEII                                   | ENSBUNG FL   |  |  | •   |   |
|  |  |  | 84 City  |   | B5 Zip Code   |
| SIGNATURE.                                 | ed agent, or both, in the State of Floring, and accept the obligations of. Sect<br>Signature, typed or protect have of registrated as a<br>OFFICERS AN | ion 607.0505, Florida Statute              | and by the corporation's hoses.  Oth Register-Lagert squaries record | and of directors. I hereby accept the application of directors. I hereby accept the application of the state | DAIL  |
| TITLE                                      | PVD  | DELETE                                     | 1 1 7/1/16   | ADDITIONS/OF ANGES TO OFF   | Change Add tion   |
| NAME                                       | RUTLEDGE, HENRY C.   |  | 1.2 NAME   |   |   |
| STREET ADDRESS                             | 6370 4TH PALM POINT  |  | 1.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                                | ST.PETERSBURG BCH FL   |  | 1.4 CrTY+ST_ZIP  |   |   |
| TITLE                                      | STD  | ☐ DELETE                                   | 2 1 117.€  |   | Change Addition   |
| NAME                                       | RUTLEDGE, JUDITH W.  |  | 2.2 NAME   |   |   |
| STREET ADDRESS                             | 6370 4TH PALM POINT  |  | 2.3 STREET ADDRESS   |   |   |
| CITY · ST · ZIP<br>TITLE                   | ST.PETERSBURG BCH FL   | DELETE                                     | 2.4 CITY - S1 - ZIP  |   |   |
| NAME                                       |  | [] Deceie                                  | 3 1 TITLE<br>3.2 NAME  |   | ' Change Addition   |
| STREET ADDRESS                             |  |  | 3.3 STREET ADDRESS   |   | :   |
| CITY-ST-ZIP                                |  |  | 34 C-TY-ST Z-P   |   |   |
| TITLE                                      |  | ☐ DELETE                                   | 4 1 1/TLE  |   | Change Addition   |
| NAME                                       |  |  | 4.2 NAME   |   | _   |
| STREET ADDRESS                             |  |  | 4.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                                |  |  | 4.4 City - ST - ZiP  |   |   |
| TITLE                                      |  | DELETE                                     | 5 1 TITLE  |   | Change Addition   |
| NAME                                       |  |  | 5 ? NAME   |   |   |
| STREET ADDRESS                             |  |  | 5.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                                |  | Fig. 62.                                   | 54 CHY SI ZIP  |   |   |
| TITLE                                      |  | ☐ Dête1£                                   | 6 1 THE  | 2000018-<br>-06/03/96010  | 47040   |
| NAME<br>STREET ADDRESS                     |  |  | 6.2 NAME   | -06/03/9601(  | 018004 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |
| STREET ADDRESS                             |  |  | 6 3 STREET ADORESS   | ***450.00   | DO  |

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 O7(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 currention 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 within address

SIGNATURE:

HURE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OF DIRECTOR

THE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OF DIRECTOR