FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ' Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 521132 CUSTOM CLIMATE CONTROL, INC. Principal Place of Business Mailing Address 13311-60TH ST NORTH 13311-80TH ST NORTH **CLEARWATER FL 34620** CLEARWATER FL 34620 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/29/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1740630 Not Applicable 21 Suite, Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ROESHINK, HEINZ J. 43 MIDWAY ISLAND Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34630** 84 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE. Signature. Non-Lor peak of force of trop derect agent and the of apply able (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE ROESHINK, HEINZ J. 1.2 NAME NAME 43 MIDWAY ISLAND 1.3 STREET ADDRESS STREET ADORESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition 2 1 TITLE ROESHINK.ELS NAME 22 NAME 43 MIDWAY ISLAND STREET ADDRESS 23 STREET ADDRESS CLEARWATER FL 2 4 City-St-ZiP CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change ■ Addition 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 amount report is structured 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 alternative an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

2-9.18

Change

Addition