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 #

562993

(6)

1. Corporation I	Name	• •			
PAUL'S AIR CONDITIONING, INC.					
Principal Place o	of Business	Mailing Address			
9357 ELIDA RD SPRING HILL FL 34608		9357 ELIDA RD. SPRING HILL FL 34608			
					3a. Date of Last Report
A Drin-11 Dr	an of Divisions	To- Mail - Aug :		03/27/1978	06/22/1995
2. Principal Plac	ce of Business	2a. Mailir g Address		4. FEI Number 59-1906523	Applied For Not Applicable
Suite, Apt. #, etc.		Surte Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired [Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for inte	Added to Fees
24	25	29	30	Florida Statutes Yes	
	9, Name and Address of Currer	h h		10. Name and Address of New Reg	
			81 Name	•	
	ECHE, DENISE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LIDA RD. 6 HILL FL 34608		83		
SENING	3 HILL PL 34000				
			84 City		FI 85 Zip Code
11. Pursuant to	the provisions of Sections 607,0500	2 and 607.1508, Florida Stati	utes, the above named corpor	ration submits this statement for the purpo	ose of changing its registered office
or registere familiar with				rd of directors. Thereby accept the appoint	itment as registered agent. I am
SIGNATURE &	model and a los	DENES HOOF	de N		24.78
40	Ignature, typed or protect name of regiment ages	in one traperate to the DIRECTORS	19 His Bi graterio Agrint squature region	Westerning	DATE
12.	P OFFICERS AN	DELETE		ADDITIONS/CHANGES TO OFFICE	Charge Addition
NAME	UGARTECHE, PAUL		1.2 NAME		
STREET ADDRESS	9357 ELIDA RD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL FL 34608		1.4 CHY - \$1 - ZIP		
TITLE	ST	DELETE	2 1T TLE		Change 🔲 Addition
NAME	UGARTECHE, DENISE		2.2 NAME		
STREET ADDRESS	9357 ELIDA RD. SPIRNG HILL FL 34608		2.3 STREET ADDRESS		
TITLE	SPINIO HILL PL 34000	DELETE	2.4 CHY-ST-ZIP 3.17.TLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	•		33 STREET ADDRESS		
CrTY+ST+ZrP			3.4 CHY - ST - ZIP		
TETLE		DETETE	4 1 Ti*LE		Change Addit on
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 GITY - ST - Z/P 5.1 TITLE		Change Addition
NAME			5.2 NAME		Fil servings Fil video(1911
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY - ST - ZIP		
TITLE		DELETE	6 1 1ITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CHY-ST-ZIP	exact for that the information as a section	note the flore flore to content of all	64 CICY - SI - 7IP	fix the organization stated in Section 110.00	With Florida Class 4 14 - 4-
certify that eath, that I	the information indicated on this ann	iual report or supplemental ai oration or the receiver or trus	nnual report is true and accurate enipowered to execute the	for the exemption stated in Section 119.07 ate and that my signature shall have the sa is report as required by Chapter 607, Flori is	ime legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTY NAME OF SIGNING OFFICER OR DIRECTOR 4-24 96 352-683-9259