FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 12:57

DOCUMENT # **623089** **(0)**

1. Corporation Name
CAIN'S AIR CONDITIONING AND REFRIGERATION, INC.

Principal Place of Business	Mailing Address
500 CRESTVIEW AVE HWY 85 N. P. O. BOX 490 NICEVILLE FL 32588 US	500 CRESTVIEW AVE HWY 85 N. P. O. BOX 490 NICEVILLE FL 32588 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1979	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1917987	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CAIN, CARL
500 CRESTVIEW AVE HWY 85 N.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: CARL CAIN
82 Street Address (P.O. Box Number is Not Acceptable): 500 Crestview Ave Hwy 85 N.
83: P.O. Box 490
84 City: Niceville FL 85 Zip Code: 32578

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: Carl Cain CARL CAIN, PRESIDENT 01/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	1.1 TITLE	P/D/S/T	☒ Change ☐ Addition
NAME	CAIN, CARL	1.2 NAME		
STREET ADDRESS	160 CHARLES DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO, FL 00000	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE	Deceased 12-11-94	☒ Change ☐ Addition
NAME	CAIN, HAZEL E.	2.2 NAME		
STREET ADDRESS	160 CHARLES DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	V/C	☐ Change ☒ Addition
NAME		3.2 NAME	CAIN, Kenneth	
STREET ADDRESS		3.3 STREET ADDRESS	1012 Everglade Dr.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Niceville, FL, 32578	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Carl Cain CARL CAIN, PREIDENT (904) 678-6233 01/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0471370 FP