

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/25/1979

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 500 Hwy 85 N.

26 P.O. Box 490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Niceville, FL

27 City & State
Niceville, FL

23 Zip

Country

28 Zip

Country

24 32578

25 Okaloosa

29 32588-0490

30 Okaloosa

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAIN, CARL
500 CRESTVIEW AVE HWY 85 N.
P.O. BOX 490
NICEVILLE FL 32588

81 Name

Carl Cain

82 Street Address (P.O. Box Number is Not Acceptable)

500 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

1-16-96

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 POST ☐ DELETE
NAME CAIN, CARL
STREET ADDRESS 180 CHARLES DR
CITY-ST-ZIP VALPARAISO, FL 00000

TITLE VC ☐ DELETE
NAME CAIN, KENNETH
STREET ADDRESS 1012 EVERGLADE DR.
CITY-ST-ZIP NICEVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Secretary, Director ☐ Change ☒ Addition
3.2 NAME Debora Cain
3.3 STREET ADDRESS 1012 Everglade Dr.
3.4 CITY-ST-ZIP Niceville, FL 32578

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

DATE

DAYTIME PHONE #

CR2E034 (12/95)