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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 HIGHWAY 85 NORTH P.O. BOX 490
P. O. BOX 490 P. O. BOX 490
NICEVILLE FL 32578 NICEVILLE FL 32588-0490
US US

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

3. Date Incorporated or Qualified 05/25/1979 3a. Date of Last Report 04/19/1996
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
CAIN, CARL
500 HIGHWAY 85 NORTH
P.O. BOX 490
NICEVILLE FL 32588

10. Name and Address of New Registered Agent
81 Name DEBORA CAIN
82 Street Address (P.O. Box Number is Not Acceptable) 1012 EVERGLADE DR.
83 P.O. BOX 490
84 City Niceville FL 85 Zip Code 32588

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 *Debora Cain* 1-7-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
CAIN, CARL
180 CHARLES DR
VALPARAISO, FL 00000
VC
CAIN, KENNETH
1012 EVERGLADE DR.
NICEVILLE FL
SD
CAIN, DEBORA
1012 EVERGLADE DR.
NICEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS CAIN, CARL
1.4 CITY-ST-ZIP 140 Charles DR.
Valparaiso, FL 32580
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SBT/M
3.3 STREET ADDRESS CAIN, DEBORA
3.4 CITY-ST-ZIP 1012 EVERGLADE DR.
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 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, or on an attachment with an address.

SIGNATURE: *Debora K. Cain* 1-7-97 904-678-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)