

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
500 HIGHWAY 85 NORTH
P. O. BOX 490
NICEVILLE FL 32578
US

Mailing Address
P.O. BOX 490
P. O. BOX 490
NICEVILLE FL 32588-0490
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/25/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1917987	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
30					

9. Name and Address of Current Registered Agent

CAIN, DEBORA
1012 EVERGLADE DR
P O BOX 490
NICEVILLE FL 32588

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, KENNETH	2.2 NAME	
STREET ADDRESS	1012 EVERGLADE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SDTM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, DEBORA	3.2 NAME	
STREET ADDRESS	1012 EVERGLADE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Deborah K. Caine* **SIGNATURE REQUIRED**

1-16-98

CR2E034 (10/97)