

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JANIS B. HARTMAN
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
FILED

DOCUMENT # 650411

(2)

COOL AIR OF OCALA, INC.

9:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2. Filing Office (City and State)		2a. Mailing Address		3. Date the Corporation was Organized		3a. Date of Last Report	
520 NE 14TH ST OCALA FL 34470 US		520 NE 14TH ST OCALA FL 34470 US		01/01/1980		02/23/1994	
21. Filing Office (City and State)	26. Filing Office (City and State)	4. FEI Number		Applied For		Not Applicable	
22. Filing Office (City and State)	27. Filing Office (City and State)	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23. Filing Office (City and State)	28. Filing Office (City and State)	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24. Filing Office (City and State)	25. Filing Office (City and State)	29. Filing Office (City and State)		30. Filing Office (City and State)		7. The corporation has liability for the fee under Florida Statutes	
						☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARDIMAN, ROBERT 1037 SE 9 AVENUE OCALA FL 34471				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607, 609 and 610, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place indicated below 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 fully qualified and accept the obligations of Sections 607 and 610, Florida Statutes.

SIGNATURE: *Robert Hardiman* Robert HARDIMAN 1-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP HARDIMAN, BOB 1037 SE NINTH AVE OCALA FL	NAME	
STREET ADDRESS	VD HARDIMAN, RUTH 1037 SE NINTH AVE OCALA FL	STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607 and 610, Florida Statutes. I further certify that this information is not used in the annual report or supplemental annual report of the corporation and that my signature shall have the same legal effect as if made under oath. This information is not used in the annual report or supplemental annual report of the corporation and that my signature shall have the same legal effect as if made under oath. This information is not used in the annual report or supplemental annual report of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Robert Hardiman* Robert HARDIMAN 1-27-95 (904) 732-3592