

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 2-1-96

B- 427 C
DIVISION OF CORPORATIONS

(2)

DOCUMENT # 650411

1. Corporation Name

COOL AIR OF OCALA, INC.



Principal Place of Business

520 NE 14TH ST
OCALA FL 34470
US

Mailing Address

520 NE 14TH ST
OCALA FL 34470
US

3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

Robert Hardiman
Signature of agent or principal of registered agent, or both, as applicable

Robert Hardiman Pres
(NOTE: Registered Agent signature required when translating)

1-30-96
DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP
HARDIMAN, BOB
1037 SE NINTH AVE
OCALA FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

HARDIMAN, BOB

1.2 NAME

STREET ADDRESS

1037 SE NINTH AVE

1.3 STREET ADDRESS

CITY- ST- ZIP

OCALA FL

1.4 CITY- ST- ZIP

TITLE

VD

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

HARDIMAN, RUTH

2.2 NAME

STREET ADDRESS

1037 SE NINTH AVE

2.3 STREET ADDRESS

CITY- ST- ZIP

OCALA FL

2.4 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

☐ DELETE

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)(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:

Robert Hardiman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 (352) 732-3592
Date Daytime Phone #

CR2E034 (12/95)