

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Melton
Secretary of State
UNIVERSITY OF FLORIDA TALLAHASSEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:42

DOCUMENT # **F52904** (2)

SEACOAST AIR CONDITIONING AND SHEET METAL, INC.

Principal Place of Business: **3207 INDUSTRIAL 31ST ST FT PIERCE FL 34946**
Mailing Address: **3207 INDUSTRIAL 31ST ST FT PIERCE FL 34946**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created	3a. Date of Last Report
3207 INDUSTRIAL 31ST ST FT PIERCE FL 34946		3207 INDUSTRIAL 31ST ST FT PIERCE FL 34946		11/06/1981	01/25/1994
4. FID Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. This corporation has liability for intangible tax under S. 191(1)(2), Florida Statutes	Applied For (Not Applicable)	\$8.75 Additional Fee Required
59-2141307	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LANGEL, JOHN V. 2509 N INDIAN RIVER DR FT PIERCE FL 34946				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3 City	
				B4 State	FL
				B5 Zip Code	

11. For each of the purposes of Sections 191.01 and 191.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida as authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 191.01, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ALTERNATE CHANGERS TO REGISTER AND FEE (S. 191.01)
P NAME: LANGEL, JOHN Street Address: 2509 N INDIAN RIVER DR City: FT PIERCE, FL 00000	<input type="checkbox"/> None <input type="checkbox"/> Attach
V NAME: LANGEL, PATRICK J Street Address: 990 S. JENKINS RD. City: FT PIERCE, FL 00000	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach
NAME: _____ Street Address: _____ City: _____	<input type="checkbox"/> None <input type="checkbox"/> Attach

14. I, the undersigned, being duly qualified, authorized, and sworn to, hereby do hereby certify that the foregoing is a true and correct copy of the information submitted to me by the corporation and that the corporation is duly organized under the laws of the State of Florida and that the corporation is authorized to do business in the State of Florida. I, the undersigned, being duly qualified, authorized, and sworn to, hereby do hereby certify that the foregoing is a true and correct copy of the information submitted to me by the corporation and that the corporation is duly organized under the laws of the State of Florida and that the corporation is authorized to do business in the State of Florida.

SIGNATURE: *John V. Langel*
OFFICER AND TYPE OF OFFICE OF EACH OFFICER IN CHARGE OF THIS OFFICE

January 11, 1995 407-466-2400