FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97109** **(5)**

1. Corporation Name

OKEECHOBEE AIR CONDITIONING AND REFRIGERATION, C O., INC.

Principal Place of Business	Mailing Address
312 S.W. SECOND STREET OKEECHOBEE FL 34974	312 S.W. SECOND STREET OKEECHOBEE FL 34974

3. Date Incorporated or Qualified: **09/01/1982**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2221387** ☐ 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

BLAIR, TERRY DWAYNE
312 S.W. SECOND ST.
OKEECHOBEE FL 34974

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BLAIR, TERRY DWAYNE		12 NAME		
STREET ADDRESS	679 SW 24TH AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BLAIR, PATRICIA		22 NAME		
STREET ADDRESS	679 SW 24TH AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Blair, Stephen Dwayne		32 NAME		
STREET ADDRESS	17557 131st Terrace North		33 STREET ADDRESS		
CITY-ST-ZIP	Jupiter Farms, FL		34 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Blair, Lori Lynn		42 NAME		
STREET ADDRESS	2201 SW 28th St., Villa 49		43 STREET ADDRESS		
CITY-ST-ZIP	Okeechobee, FL 34974		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Terry Dwayne Blair 5-28-96 (941) 763-8391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #