

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:42
4-4-95

DOCUMENT # 634731
1. Corporation Name
ACE REFRIGERATION AND AIR CONDITIONING OF SOUTH WEST FLORIDA, INC.

Principal Place of Business: **2940 WALPEAR ST #3 FORT MYERS FL 33916**
Mailing Address: **P. O. BOX 06854 FORT MYERS FL 33906**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Organized 3-28-83		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2268032		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21. Sute, Apt #, etc		2a. Mailing Address 26. 2940 Walpear Street	
22. City & State 23. Zip		27. #3 28. Fort Myers FL 29. 33916	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has taken for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent EDWARDS, JAMES DELL 705 HENRY AVENUE LEHIGH ACRES FL 33936		10. Name and Address of New Registered Agent	
81. Name		85. Zip Code	
82. Street Address		84. City	
83. City		FL	

11. Pursuant to the provisions of Section 199.032, Florida Statutes, this corporation certifies that the information furnished in this report is true and correct and that the corporation is in good standing under the laws of the State of Florida. The corporation is not a foreign corporation and is not a subsidiary of a foreign corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND DIRECTORS IN 12	
TITLE	P	TITLE	
NAME	EDWARDS, JAMES DELL	1 NAME	
STREET ADDRESS	705 HENRY AVE	1 STREET ADDRESS	
CITY- ST- ZIP	LEHIGH ACRES FL 33936	1 CITY- ST- ZIP	
TITLE	V	TITLE	
NAME	BEVIS, NEIL	2 NAME	
STREET ADDRESS	3276 62 ND AVENUE	2 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	2 CITY- ST- ZIP	
TITLE	T	TITLE	
NAME	BEVIS, CAROLE	3 NAME	
STREET ADDRESS	3276 62ND AVENUE	3 STREET ADDRESS	500002659725
CITY- ST- ZIP	VERO BEACH FL	3 CITY- ST- ZIP	
TITLE	S	TITLE	
NAME	EDWARDS, DEBRA ANN	4 NAME	
STREET ADDRESS	705 HENRY AVE	4 STREET ADDRESS	
CITY- ST- ZIP	LEHIGH ACRES FL 33936	4 CITY- ST- ZIP	
TITLE		TITLE	
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY- ST- ZIP		5 CITY- ST- ZIP	
TITLE		TITLE	
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY- ST- ZIP		6 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the provisions of Section 199.032, 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 or person in charge or person I designate to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *James Dell Edwards* **3/30/95** **813-3340387**

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