

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # G31731
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: **2940 WALPEAR STREET #3 FT. MYERS FL 33916 US**

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

3. Date Incorporated or Qualified: **3-28-83** 3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-2268032** 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
**EDWARDS, JAMES DELL
705 HENRY AVENUE
LEHIGH ACRES FL 33936**

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 _____ returned 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JAMES DELL	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVIS, NEIL	
STREET ADDRESS	3276 62 ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVIS, CAROLE	
STREET ADDRESS	3276 62ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DEBRA ANN	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(a), 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: *Debra Edwards* **Debra Edwards** 4-24-96 941-334-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)