

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **631731**
1. Corporation Name
ACE REFRIGERATION AND AIR CONDITIONING OF SOUTH WEST FLORIDA, INC.

Principal Place of Business Mailing Address
2940 WALPEAR ST #3 FORT MYERS FL 33916 **2940 WALPEAR STREET #3 FT. MYERS FL 33916-7531 US**

2. Principal Place of Business 2a. Mailing Address
21 **705 HENRY AVENUE** 26 **705 HENRY AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **LEHIGH ACRES FL** 28 **LEHIGH ACERS FL**
Zip Country Zip Country
24 **33936** 25 Country 29 **33936** 30 Country

3. Date Incorporated or Qualified **3-28-83** 3a. Date of Last Report **04/29/1996**
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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	P EDWARDS, JAMES DELL 705 HENRY AVE LEHIGH ACRES FL 33936	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	V BEVIS, NEIL 3276 62 ND AVENUE VERO BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	T BEVIS, CAROLE 3276 62ND AVENUE VERO BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	800002659728
<input type="checkbox"/> DELETE	S EDWARDS, DEBRA ANN 705 HENRY AVE LEHIGH ACRES FL 33936	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JAMES DELL** **4-30-97** **384-0337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)