

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G44030** (6)

1. Corporation Name
BLALOCK'S HEATING & COOLING, INC.

APPROVED
AND
FILED

95 APR 18 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O THOMAS S. BLALOCK **C/O THOMAS S. BLALOCK**
1110 PINE ISLAND RD., UNIT 30 **1110 PINE ISLAND RD., UNIT 30**
CAPE CORAL FL 33909 **CAPE CORAL FL 33909**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1027 SE 12TH COURT** 26 **1027 SE 12TH COURT**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **CAPE CORAL FL** 28 **CAPE CORAL FL**
Zip Zip Country Country
24 **33990** 25 **LEE** 29 **33990** 30 **LEE**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/16/1983 **02/28/1994**
4. FEI Number Applied For
59-2330263 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

BLALOCK, THOMAS S.
922 SW 48TH TERRACE #212
CAPE CORAL FL 33914

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

(Signature of current registered agent and the filer only)

(NOTE: Registered Agent designation required after reinstatement)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLALOCK, THOMAS S	1.2 NAME	
STREET ADDRESS	922 S.W. 48TH. TERRACE #212	1.3 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLALOCK, DOROTHY T.	2.2 NAME	
STREET ADDRESS	922 S.W. 48TH TERRACE #212	2.3 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 Sections 110.07(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. 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:

Dorothy T. Blalock **DOROTHY T. BLALOCK** 4/12/95 (813)574-4421
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number