

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

**APPROVED
AND
FILED**

95 APR 26 AM 10:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G92262 (6)

1. Corporation Name

EFFICIENT REFRIGERATION AND AIR CONDITIONING, INC.

Principal Place of Business

**125 CRAWFORD BLVD
BOCA RATON FL 33432**

Mailing Address

**125 CRAWFORD BLVD
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/20/1984

3a. Date of Last Report

02/17/1994

2. Principal Place of Business

21 2320 N.E. 5th Avenue

2a. Mailing Address

26 2963 Eagle Drive

4. FEI Number

59-2381297

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Pompano Beach, Florida

City & State

28 Delray Beach, Florida

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

24 33062

Country

Zip

29 33444

Country

8. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OTTO, MARILYN H.
% 125 CRAWFORD BLVD.
BOCA RATON FL 33432-0729**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **DEFOE, CHARLES**
STREET ADDRESS **2320 N.E. 5TH AVENUE**
CITY - ST - ZIP **POMPAHO BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **2963 Eagle Drive**
1.3 STREET ADDRESS **Delray Beach, Florida**
1.4 CITY - ST - ZIP **33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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; 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: *X Charles D. DeFoe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1995

(Date)

(407) 368-9800

(Daytime Phone #)