

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # G 92262

1. Corporation Name

**EFFICIENT REFRIGERATION AND AIR CONDITIONING,
INC.**

Principal Place of Business

Mailing Address

**125 Crawford Boulevard 125 Crawford Boulevard
Boca Raton, Florida 33432 Boca Raton, FL 33432**

3. Date Incorporated or Qualified
03/20/1984

3a. Date of Last Report
04/18/1995

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Pompano Beach, FL

Delray Beach, FL

8. This corporation has liability for intangible tax under s. 19.10, F.S.
Florida Statutes ☐ Yes ☐ No

24 **33062**

25 Country

29 **33444**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

***OTTO, Marilyn H.
125 Crawford Boulevard
Boca Raton, Florida 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 State of incorporation

Office: Registered Agent's office (if different from corporation's office)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DEFOE, CHARLES**
CITY, ST, ZIP **2320 N.E. 5th Avenue**
Pompano Beach, FL 33062

2.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **2963 Eagle Drive**
1.3 STREET ADDRESS **Delray Beach, FL 33444**
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

400001805694
-05/02/96--01031--017
*****200.00**

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)(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 as an attachment with an address.

SIGNATURE:

Charles D. DeFoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES DeFOE

(407) 368-9800

April **24**, 1995 **(407) 368-9800**

CR2E034 (12/95)