

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # G96292

(9)

PALM HARBOR HEATING AND AIR CONDITIONING, INC.

Principal Place of Business

522 ALT. 19
P.O.BOX 956
PALM HARBOR FL 34682-0956

Mailing Address

522 ALT. 19
P.O.BOX 956
PALM HARBOR FL 34682-0956

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

22 City & State

Suite, Apt. #, etc.

27

23 Zip

City & State

28

24 Country

Zip

29

30 Country

9. Name and Address of Current Registered Agent

EHRBAR, WILLIAM G.
114 PHILLIPS WAY
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/16/1984

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2390972

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 changing

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	OFFICERS AND DIRECTORS		NOTE: Registered Agent signature required when changing
				1. 1 TITLE	1. 2 NAME	
P	EHRBAR, WILLIAM G.	114 PHILLIPS WAY	PALM HARBOR FL	1. 3 STREET ADDRESS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ST	EHRBAR, JOYCE T.	114 PHILLIPS WAY	PALM HARBOR FL	1. 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	EHRBAR, WILLIAM T.	15 LIME ST.	PALM HARBOR FL	2. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2. 2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2. 3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2. 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3. 2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3. 3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3. 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4. 2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4. 3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4. 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5. 2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5. 3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5. 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6. 2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6. 3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6. 4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(d), 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 it would 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 addition.

SIGNATURE:


NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. 1/Treas.

02/22/95

(813) 786-3276

Florida Division