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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

H58818

(6)

SOUTHE	ASTERN CHILLER SERV	/ICES, INC	•							
cipal Place of Bu	usiness	Mailing Ac	ddress				***************************************	IAAC IAIT AGETI A	iligat Ordal Ol	INII NINII AIRII IN
% LOREN R. WEST. JR. % LOREN R. WEST. JR. 6593 POWERS AVE. STE 20 6593 POWERS AVE. STE 20 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217										
		•				3. Date Incorporated 05/24/198		3a. Date	of Last R 04/06/1	eport 1 995
Principal Place of	f Business	2a. Mailing 26	8025	Colee	Con Rd	4. FEI Number 59-25428	107	- 		Applied For Not Applicable
Suite, Apt. #, etc		Suite, .	Āpt. #, etc.	-		5. Certificate of Status	s Desired			Additional Required
⊃ty & State		Oity 8	State Au	gust in	le FI	6. Election Campaign Trust Fund Contrib	~			May Be
φ.	Country 25	21p 2	2092	Country 30 ST	JOHNS	This corporation hat Florida Statutes		intangible ta		
9.	Name and Address of Current	Registered A	gent			10. Name and Addre	ss of New R	legistered A	gent	
WEAT 1 41	DEN D ID			81	Name					
WEST, LOREN R., JR. 6593 POWERS AVE, STE 20						ess (P.O. Box Number is f	(ak		-	
JACKSON\	VILLE FL 32217			83						
				84	City		 	FL	85 Z4	p Code
Pursuant to the or registered age	provisions of Sections 607.0502 a ent, or both, in the State of Florida	and 607.1508, a. Such change	Florida Statut e was authoriz	es, the above- red by the corp	named corpora oration's board	ation submits this stateme d of directors. I hereby ac	nt for the pur cept the appo	pose of char ointment as	nging its r registered	egistered offic Lagent, Lam
ramiliar with, and NATURE	provisions of Sections 607.0502 a ent, or both, in the State of Florida d accept the obligations of, Section of triad or probabilished registered agent at OFFICERS AND	on 607,0505, F	ionda Statutes	S. DTE: Registered Age	named corpora poration's board nt signature required	when reinstating)		DATE		
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SIGNATURE: Line house to the transport of the transport of the signing officer or director 1-/9-96

Signature and typed or printed name of signing officer or director Dept.