FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H88343

DISCOUNT AIR CONDITIONING & HEATING SERVICES INC Mailing Address Principal Place of Business 5813 N CHURCH AVE 5813 N CHURCH AVE TAMPA FL 33614 **TAMPA FL 33614** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/05/1985</u> 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 59-2745926 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TAUCHER, RODNEY K. 5813 CHURCH STREET Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33814** 83 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registried agent and title if applicable OFFICERS AND DIRECTORS 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition DELETE 1.1 TITLE TITLE **RODNEY K. TAUCHER** 1.2 NAME NAME 3114 SAMARA DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE NAME TAUCHER, STEVEN E 2.2 NAME 3006 SABAL RD 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - Z(P CITY-ST-ZIP DELETE Change ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

CHTY-ST-ZIP Supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplemental admual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an address. 14. I hereby certify that the information indicated on this annual report or supplemental at officer or director of the corporation or the report of Block 12 or Block 13 if change

6.4 CITY - ST - ZIP

FILED

Feb 02 1998 8:00am

Secretary of State