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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J00421** **(4)**

1. Corporation Name

CURLEY'S AIR CONDITIONING, & HEATING, INC.

Principal Place of Business	Mailing Address
C/O SIMON NEWTON CARVER 10590-66 AVENUE NORTH SEMINOLE FL 34642	C/O SIMON NEWTON CARVER 10590-66 AVENUE NORTH SEMINOLE FL 34642

2. Principal Place of Business	2a. Mailing Address
21 c/o Victor C. Vizaro	26 c/o Victor C. Vizaro
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 10590 66-Avenue N.	27 10590 66-Avenue N.
City & State	City & State
23 Seminole, Florida	28 Seminole, Florida
Zip / Country	Zip / Country
24 34642 / 25	29 34642 / 30

3. Date Incorporated or Qualified: 02/21/1986
3a. Date of Last Report: 09/06/1995
4. FEI Number: 59-2741876 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARVER, SIMON NEWTON
10590-66 AVENUE NORTH
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: Victor Charles Vizaro
82 Street Address (P.O. Box Number is Not Acceptable): 10590-66 Avenue North
83
84 City: Seminole FL 85 Zip Code: 34642

11. Pursuant to the provisions of Section 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: Victor Charles Vizaro DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required on all new filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CARVER, SIMON NEWTON 10590-66 AVE. NORTH SEMINOLE FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Vizaro, Victor Charles 10590-66 Avenue North Seminole, Florida 34642 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	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 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 on an attachment with an address.

SIGNATURE: Victor Charles Vizaro 4/8/96 813-391-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)