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

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

14. I hereby certify that the information indicated on this annual eport or conficer or director of the corporation Block 12 or Block 13 changes



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07071

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CONDENSER MAINTENANCE AND SUPPLY OF FLORIDA, INC

Principal Place of Business Mailing Address 12799 MARINER CT. 12799 MARINER CT. PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2670353 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 30 Yes 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANBORN, JAMES F. 12799 MARINER COURT 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 **B4** City 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, typoid or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE DELETE 1.1 TITLE Addition **SANBORN, JAMES F.** NAME 1.2 NAME 12799 MARINER CT. STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SANBORN, MARGARET L. 2.2 NAME 12799 MARINER CT. STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 2. 4 CITY - ST - 2IP DELETE Change Addition 3.1 TITLE SANBORN, JAMES F. 3.2 NAME NAME 12799 MARINER CT. STREET ADDRESS 3.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CIT - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 T(1 NAME 6.2 NA 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-S1-2IP

supplied with this filing does not grafify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 or it the receiver or truetee empowered to execute a plus report as required by Chapter 607. Florida Statutes; and that my name appears in page 119 with an address.

FILED

Apr 22 1998 8:00am

Secretary of State