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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J10819** **(7)**

1. Corporation Name

TRI-COUNTY HEATING & AIR CONDITIONING SYSTEMS IN C.

Principal Place of Business	Mailing Address
415 S. WAUKESHA ST. P.O. BOX 127 BONIFAY FL 32425	415 S. WAUKESHA ST. P.O. BOX 127 BONIFAY FL 32425

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/28/1986	3a. Date of Last Report: 01/17/1995
21	26	4. FEI Number: 65-0201741	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

9. **Name and Address of Current Registered Agent**

MANUEL, JOHN F.
415 SOUTH WAUKESHA STREET
BONIFAY FL 32425

10. **Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANUEL, JOHN F.	1.2 NAME	
STREET ADDRESS	415 S. WAUKESHA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANUEL, JOE	2.2 NAME	
STREET ADDRESS	415 S. WAUKESHA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	JERNIGAN, MYRTLE M	3.2 NAME	
STREET ADDRESS	~~1014 N. WAUKESHA ST.~~	3.3 STREET ADDRESS	Rt 1 Bx 134
CITY-ST-ZIP	BONIFAY FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Director ☐ Change ☒ Addition
NAME		4.2 NAME	MANUEL James B
STREET ADDRESS		4.3 STREET ADDRESS	1014 N. Waukesha St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bonifay, FL
TITLE	☐ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	DOWLING, JOAN M.
STREET ADDRESS		5.3 STREET ADDRESS	Rt 3 Box 97
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bonifay, FL
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Joan M. Dowling 1-17-96 904/547-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #