FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J14857** **(3)**

1. Corporation Name

C & M RADIATOR & AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
1228 W. ROBINSON STREET P.O. BOX 555623 ORLANDO FL 32855-2623	1228 W. ROBINSON STREET P.O. BOX 555623 ORLANDO FL 32855-2623

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 P.O. Box 593607
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip 24 32859 Country 25 Orange

2a. Mailing Address
26 P.O. Box 593607
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL
Zip 29 32859 Country 30 Orange

4. FEI Number: 59-2688458 ☐ 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

KELLER, CHARLES W.
744 HIGHLAND AVE.
ORLANDO FL 32803

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCALLISTER, BRUCE D. ~~940 VIA LOMBARDY~~ WINTER PARK FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1400 Green Cove RD Winter Park, Fl 32859 ~~P.O. Box 593607~~ ~~Orlando, FL 32859~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEIBY, JOHN H. 1578 S CROSSBEAM CASSELBERRY FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KELLER, CHARLES W. 744 HIGHLAND AVE. ORLANDO FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information indicated on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 (*).

SIGNATURE: Bruce D. McAllister 407 855-8164
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/07/95 FP