

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J14857 (3)

1. Corporation Name

C & M RADIATOR & AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

P O BOX 593607
P.O. BOX 555623
ORLANDO FL 32859
US

P O BOX 593607
P.O. BOX 555623
ORLANDO FL 32859
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/19/1986

3a. Date of Last Report

05/01/1995

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 ☐

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P MCALLISTER, BRUCE D. 1400 GREEN COVE RD WINTER PARK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V LEIBY, JOHN H. 1578 S CROSSBEAM CASSELBERRY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce D McAllister

6-26-96 407-855-8164

CR2E034 (3/96)