

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J66866 (1)**  
1. Corporation Name  
**BENTZ AIR CONDITIONING & APPLIANCES, INC.**



Principal Place of Business  
**% STANLEY PAT BENTZ  
15 OBSERVATION AVENUE  
LAKE PLACID FL 33852**

Mailing Address  
**% STANLEY PAT BENTZ  
15 OBSERVATION AVENUE  
LAKE PLACID FL 33852**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified **04/06/1987** 3a. Date of Last Report **03/16/1995**

4. FEI Number **59-2637617** 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  
**BENTZ, STANLEY PAT  
15 OBSERVATION AVE  
LAKE PLACID FL 33852**

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 registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP BENTZ, STANLEY PAT 9 TALL OAKS TRAIL LAKE PLACID FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BENTZ, CAROL J. 9 TALL OAKS TRAIL LAKE PLACID FL	2.1 TITLE	DST
NAME		2.2 NAME	Bentz, Carol J
STREET ADDRESS		2.3 STREET ADDRESS	9 Tall Oaks Trail
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D BENTZ, CHARLES J. ALDERMAN DR. LAKE PLACID FL	3.1 TITLE	DVP
NAME		3.2 NAME	Bentz, Charles J.
STREET ADDRESS		3.3 STREET ADDRESS	143 Alderman Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **President** **4/29/96** **941 465 0009**  
DATE DAYTIME PHONE #

CR2E034 (12/95)