

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J71786 (4)
1. Corporation Name
FOREMOST REFRIGERATION AND AIR CONDITIONING, INC



Principal Place of Business Mailing Address
730 BUCK HENDRY WAY 730 BUCK HENDRY WAY
STUART FL 34994 STUART FL 34994-9670

3. Date Incorporated or Qualified 05/08/1987 3a. Date of Last Report 01/24/1996
4. FEI Number 59-2826011 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GAINEY, KILBY
1361 SE ROANOKE STREET
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
B1 Name Kilby Gainey
B2 Street Address (P.O. Box Number is Not Acceptable) 1401 Buckingham Terrace
B3
B4 City Port Saint Lucie FL B5 Zip Code 34952

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 Kilby Gainey K. Gainey President 4-25-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE 1.1 TITLE P.D. ☐ Change ☐ Addition
NAME GAINY, KILBY 1.2 NAME Kilby Gainey
STREET ADDRESS 1361 SE ROANOKE STREET 1.3 STREET ADDRESS 1401 S.E. Buckingham Terrace
CITY-ST-ZIP PORT ST. LUCIE FL 1.4 CITY-ST-ZIP Port St Lucie FL 34952
TITLE STD ☐ DELETE 2.1 TITLE STD ☒ Change ☐ Addition
NAME GAINY, EVELYN 2.2 NAME Evelyn Gainey
STREET ADDRESS 1361 SE ROANOKE STREET 2.3 STREET ADDRESS 1401 S.E. Buckingham Terrace
CITY-ST-ZIP PORT ST. LUCIE FL 2.4 CITY-ST-ZIP Port St Lucie FL 34952
TITLE D ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME RATLUFF, WAYNE 3.2 NAME
STREET ADDRESS 4909 SEAGRAPE DRIVE 3.3 STREET ADDRESS
CITY-ST-ZIP FT. PIERCE FL 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
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

14. I do hereby certify that the information supplied with this filing 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 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: Evelyn Gainey SIGNATURE REQUIRED 4-25-97 561-6921418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)