

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 APR 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J78838 (6)
1. Corporation Name
ABLE AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business
**2506 MOBILAIRE DR N
LUTZ FL 33549-4001**

Mailing Address
**2506 MOBILAIRE DR N
LUTZ FL 33549-4001**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/18/1987** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2828809** 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**

7. This corporation has liability for intangible tax under S. 100.030, 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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLICOAT, GARY L.
2506 MOBILAIRE DR.
LUTZ FL 33549**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CALLICOAT, GARY LEE
2506 MOBILAIRE DR N
LUTZ FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
CALLICOAT, SUSAN C.
2506 MOBILAIRE DR N
LUTZ FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**EVP/SIT
Susan C. Callicoat
2506 Mobilaire Dr.
LUTZ, FL. 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALLICOAT, SUSAN C.
2506 MOBILAIRE DR N
LUTZ FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**VP
LOUIS N. CALLICOAT
11718 N. EDISON
TAMPA, FL. 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(b), 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:

Susan Callicoat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN CALLICOAT

4/21/95
Date

88-949-2526
Telephone Number