# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:58

DOCUMENT # K08046 (0)

1. Corporation Name
CHARGER TRANSMISSION AND AIR CONDITIONING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % ANTHONY J. GARGANO<br>1430 ROYAL PALM SQ. BLVD.<br>FT. MYERS FL 33919 | % ANTHONY J. GARGANO<br>1430 ROYAL PALM SQ. BLVD.<br>FT. MYERS FL 33919 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 12/15/1987 | 3a. Date of Last Report: 04/06/1994 |
| 21 | 26 | 4. FEI Number: 65-0018258 | ☐ Applied For ☐ Not Applicable |
| Street, Apt. #, etc. 22 | Street, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

GARGANO, ANTHONY J.
1430 ROYAL PALM SQ. BLVD.
FT. MYERS FL 33919

**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: (Signature of new registered agent, if any) (Signature of new registered agent, if any) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PERRY, DENNIS | 1.2 NAME | |
| STREET ADDRESS | 1430 ROYAL PALM SQ BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PERRY, PHILLIS | 2.2 NAME | |
| STREET ADDRESS | 1430 ROYAL PALM SQUARE BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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/We 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)(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: Dennis J. Perry Date: FEB. 17, 1995

(Signature and Typed or Printed Name of Individual) DENNIS J. PERRY, PRESIDENT

813 332-7114 (Daytime Phone #)