

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K69998** (8)
STAN GROSE HEATING AND COOLING SERVICE, INC.

APPROVED
FILED

MAY 11 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 03/01/1989	3a. Date of Last Report 04/19/1994
4. FFI Number 59-2933585	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 § 199.032 Florida Statutes. ☒ Yes ☐ No	

2. Previous Report of Return	2a. Mailing Address
21. State Apt. #, etc.	26. State Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GROSE, STANLEY D.
5164 HIDEAWAY DR
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City

85. State **FL** 86. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent to 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 607.01(2), Florida Statutes.

SIGNATURE: *Stanley D. Grose* **Stanley D. Grose** Pres. **5-8-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	DP GROSE, STANLEY D. 5164 HIDEAWAY DR JACKSONVILLE FL	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	ST GROSE, STANLEY D. 5164 HIDEAWAY DR JACKSONVILLE FL	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	VP FALONA, JOHN J 5050 BEIGE STREET JACKSONVILLE FL	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	☒ Change ☐ Addition
19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP		22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP	☐ Change ☐ Addition
25. NAME 26. STREET ADDRESS 27. CITY, STATE, ZIP		28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP	☐ Change ☐ Addition
31. NAME 32. STREET ADDRESS 33. CITY, STATE, ZIP		34. NAME 35. STREET ADDRESS 36. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 439.01(2) of the Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report in full and is complete and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the receiver or trustee empowered to make the report as required by Chapter 439, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stanley D. Grose* **Stanley D. Grose** **5-8-95** **904-262-0222**

WITNESSED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2009 BY 60322
UCBAW/BJA

Abstract