

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 AUG -1 AM 11: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K79901 (0)
1. Corporation Name
COASTAL AIR CONDITIONING AND SERVICES, INC.

Principal Place of Business Mailing Address
4000 DOW ROAD, SUITE 12 **4000 DOW ROAD, SUITE 12**
MELBOURNE FL 32934 **MELBOURNE FL 32934**
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/07/1989		06/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2940610		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		☐ \$5.00 May Be Added to Fees		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CHRISTIAN, WILLIAM L
1995 WOOD STREET
MELBOURNE FL 32934

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHRISTIAN, WILLIAM L.	12 NAME	
STREET ADDRESS	1995 WOOD ST.	13 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	14 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	V	21 TITLE	
NAME	CHRISTIAN, DEBORAH	22 NAME	
STREET ADDRESS	1995 WOOD ST	23 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	ST	31 TITLE	
NAME	CHRISTIAN, DEBORAH	32 NAME	
STREET ADDRESS	1995 WOOD STREET	33 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	☐ Change ☐ 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 110.07(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:

William L. Christian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-95 407-259-4154
(Date) (Daytime Phone)

CR2E034 (3/95)