

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K79901 (0)

1. Corporation Name

COASTAL AIR CONDITIONING AND SERVICES, INC.



Principal Place of Business

4000 DOW ROAD, SUITE 12
MELBOURNE FL 32934

Mailing Address

4000 DOW ROAD, SUITE 12
MELBOURNE FL 32934
US

3. Date Incorporated or Qualified
04/07/1989

3a. Date of Last Report
08/01/1995

2. Principal Place of Business 4000
21 Dow Rd. 12-A

2a. Mailing Address
26 4000 Dow Rd 12-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Melbourne FL.

27 City & State
28 Melbourne, FL

24 Zip 32934

25 Country BRUNARD

29 Zip 32934

30 Country BRUNARD

4. FEI Number
59-2940610

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

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 the incorporator

(NOTE: Registered Agent signature required when filing this)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, WILLIAM L.	
STREET ADDRESS	1995 WOOD ST.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTIAN, DEBORAH	
STREET ADDRESS	1995 WOOD ST	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTIAN, DEBORAH	
STREET ADDRESS	1995 WOOD STREET	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM L. CHRISTIAN
2.3 STREET ADDRESS	1995 WOOD ST
2.4 CITY - ST - ZIP	MELBOURNE, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM L. CHRISTIAN
3.3 STREET ADDRESS	1995 WOOD ST
3.4 CITY - ST - ZIP	MELBOURNE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.L. Christian
W.L. CHRISTIAN

Pres.

430-96

DATE

407-259-4154

CR2E034 (12/95)