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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K96848** **(2)**

1. Corporation Name

PRECISION COOLING AND HEATING, INC.

Principal Place of Business	Mailing Address
6399-G SOUTH TEX PT HOMOSASSA FL 34448 US	6399-G SOUTH TEX PT HOMOSASSA FL 34448 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: ~~40-2468935~~ 59-2957235 ☐ 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

BOWERS, CHRISTINE H.
1860 NORTH STREET
LONGWOOD FL 32750

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BOWERS, CHRISTINE H.	12 NAME	
STREET ADDRESS	1860 NORTH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BOWERS, WILLIAM W.	22 NAME	
STREET ADDRESS	1860 NORTH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	HICKMAN, DAVID C.	32 NAME	
STREET ADDRESS	3762 S ALABAMA	33 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	JASEN, GLENN A.	42 NAME	
STREET ADDRESS	6281 KIMBALL CT.	43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	MORELAND, WAYNE A.	52 NAME	NO LONGER EMPLOYED
STREET ADDRESS	8011 MOHAWAK TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: William W. Bowers WILLIAM W. BOWERS 4/10/95 904-628-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487172 FP