

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

6399-G SOUTH TEX PT
HOMOSASSA FL 34448
US

Mailing Address

6399-G SOUTH TEX PT
HOMOSASSA FL 34448
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BOWERS, CHRISTINE H.
1860 NORTH STREET
LONGWOOD FL 32750

3. Date Incorporated or Qualified

06/21/1989

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2957235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Christine H. Bowers

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent Signature required when not filing

4/5/96

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DP

BOWERS, CHRISTINE H.
1860 NORTH STREET
LONGWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ST

BOWERS, WILLIAM W.
1860 NORTH STREET
LONGWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VP

HICKMAN, DAVID C.
3762 S ALABAMA
HOMOSASSA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VP

JASEN, GLENN A.
6281 KIMBALL CT.
SPRING HILL FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

401 W. Seminole Blvd. Apt. 147
Sanford, FL 32771

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

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

William W. Bowers Sec/Treas. 4/5/96

Date

Signature Printed Name

CR2E034 (12/95)