

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

APPROVED
AND
FILED

95 MAY -1 PM 5: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # **L63195** (6)

1. Corporation Name
ARCTIC AIR AND REFRIGERATION, INC.

Principal Place of Business % RICHARD R. L'ESPERANCE 15150 NIGHTHAWK DR TAMPA FL 33625	Mailing Address % RICHARD R. L'ESPERANCE 15150 NIGHTHAWK DR TAMPA FL 33625
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1990		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0189951		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			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		9. Name and Address of Current Registered Agent L'ESPERANCE, RICHARD R. 15150 NIGHTHAWK DR TAMPA FL 33625		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D L'ESPERANCE, RICHARD R. 15150 NIGHTHAWK DR TAMPA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D L'ESPERANCE, SUSAN M 15150 NIGHTHAWK DR TAMPA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GOODPASTER, RICKY R. 15150 NIGHTHAWK DR TAMPA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 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(4)(b), 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 responsible 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: *R. L'Esperance* 5/1/95 813 264 2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR