

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L68214 (0)
1. Corporation Name
HOLIDAY AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business Mailing Address
%CHRISTOPHER J. HOLT
5128 POSTELL DRIVE
HOLIDAY FL 34680 %CHRISTOPHER J. HOLT
5128 POSTELL DRIVE
HOLIDAY FL 34680-2188

3. Date Incorporated or Qualified 04/24/1990 3a. Date of Last Report 04/26/1996
4. FEI Number 59-3004228 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 2a. Mailing Address
21 6325 millstone Dr. 26 6325 millstone Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 New Port Richey, FL 28 New Port Richey, FL
Zip Country Zip Country
24 34655-5529 25 Pasco 29 34655-5529 30 Pasco

9. Name and Address of Current Registered Agent
HOLT, CHRISTOPHER J.
5128 POSTELL DR.
HOLIDAY FL 34680

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6325 millstone Drive
83
84 City New Port Richey FL 85 Zip Code 34655-5529

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 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 Valerie A. Holt Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE 4/9/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HOLT, CHRISTOPHER J.
STREET ADDRESS 5128 POSTELL DRIVE
CITY - ST - ZIP HOLIDAY FL
TITLE D ☐ DELETE
NAME HOLT, VALERIE A.
STREET ADDRESS 5128 POSTELL DRIVE
CITY - ST - ZIP HOLIDAY FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6325 millstone Dr.
1.4 CITY - ST - ZIP New Port Richey, FL 34655-5529
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6325 millstone Dr.
2.4 CITY - ST - ZIP New Port Richey, FL 34655-5529
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ 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 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: Valerie A. Holt Valerie A. Holt Secretary 4/9/97 813/938-8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)