**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 # **M29012** **(5)**

1. Corporation Name

**TRINITY AIR CONDITIONING COMPANY, INC.**

Principal Place of Business

**13335 SW 88 AVE**
**MIAMI FL 33156**
**US**

Mailing Address

**12201 SW 69 COURT**
**MIAMI FL 33156**

3. Date Incorporated or Qualified: **03/13/1986**

3a. Date of Last Report: **06/14/1995**

4. FEI Number: **59-2655524** [ ] 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 is subject to intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business

21
22 State, Apt. #, c/o
23 City & State
24 Zip: 33156 25 Country

2a. Mailing Address

26
27 State, Apt. #, c/o
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MCHUGH, PAMELA F.**
**12201 SW 69 COURT**
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1905, 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

OFFICERS AND DIRECTORS

12.

| | | |
|---|---|---|
| TITLE | PD | [ ] DELETE |
| NAME | MCHUGH, PAMELA F. | |
| STREET ADDRESS | 12201 SW 69 CT. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | [ ] DELETE |
| NAME | MCHUGH, J. BARRIE | |
| STREET ADDRESS | 12201 SW 69 CT. | |
| CITY-ST-ZIP | MIAMI 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 | | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

| | | |
|---|---|---|
| 1 TITLE | | [ ] Change [ ] Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| 5 TITLE | | |
| 6 NAME | | |
| 7 STREET ADDRESS | | |
| 8 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| 9 TITLE | | |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| 13 TITLE | | |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| 17 TITLE | | |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| 21 TITLE | | |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | [ ] Change [ ] Addition |

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that the 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 attached amendment, with my address.

**SIGNATURE:** Pamela J. McHugh, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (305)256 9099
Date Daytime Phone

CR2E034 (12/95)