

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

JULY - 1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M41793** (4)
1. Corporation Name
E.R. AIR CONDITIONING, INC.

Principal Place of Business: **4051 S.W. 47TH AVE.
STE. #105
DAVIE FL 33314**
Mailing Address: **4051 SW 47TH AVENUE
105
DAVIE FL 33314
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1986** 3a. Date of Last Report **07/05/1994**

4. FEI Number **59-2815567** 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**

7. This Corporation has liability for intangibles tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F.J.R. BUSINESS SERVICES, INC.
1533 SUNSET DRIVE
CORAL GABLES FL 33143**

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 the 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

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME **PD RIEGLER, EUGENE**
12.2 STREET ADDRESS **624 SW 180TH AVE.**
12.3 CITY, ST, ZIP **PEMBROKE PINES FL**
12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, ST, ZIP
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP
12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST, ZIP

13.1 NAME ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 NAME ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 NAME ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 NAME ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 NAME ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 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 119.02(1)(b), Florida Statutes. I further certify that the information indicated on this report or on any 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 of this report or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 305-583-8093
Date Telephone Number