FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45013 (2)

1. Corporation Name

CHARLOTTE COUNTY PLUMBING-HEATING-COOLING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 7055 PORT CHARLOTTE FL 33949	P O BOX 7055 PORT CHARLOTTE FL 33949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0308118 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

KAHLE, GARY A.
2327 AARON ST
PORT CHARLOTTE FL 33952

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BURNETT, DAVE	12 NAME	200001472912
STREET ADDRESS	23220 HARPER AVE.	13 STREET ADDRESS	-05/03/95--01050--024
CITY ST ZIP	CHARLOTTE HARBOR FL	14 CITY ST ZIP	****130.00 ****130.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	THORNBERRY, TOM	22 NAME	
STREET ADDRESS	1264-B MARKET CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	GLOVER, ROGER	32 NAME	McGann, Ken
STREET ADDRESS	1442-FT MARKET CIRCLE	33 STREET ADDRESS	P.O. Box 7055 N/A
CITY ST ZIP	PORT CHARLOTTE FL FL 33948	34 CITY ST ZIP	Port Charlotte, FL 33949
TITLE	P	41 TITLE	P ☑ Change ☐ Addition
NAME	MCGANN, KEN	42 NAME	Boyd, Ed
STREET ADDRESS	P.O. BOX 7055 N/A	43 STREET ADDRESS	P.O. Box 7055 N/A
CITY ST ZIP	PT. CHARLOTTE FL 33949	44 CITY ST ZIP	Port Charlotte FL 33949
TITLE	V	51 TITLE	V ☑ Change ☐ Addition
NAME	BOYD, ED	52 NAME	Tobia Gerard
STREET ADDRESS	P.O. BOX 7055	53 STREET ADDRESS	P.O Box 7055 N/A
CITY ST ZIP	PT. CHARLOTTE FL 33949	54 CITY ST ZIP	Port Charlotte FL 33949
TITLE	ST	61 TITLE	ST ☑ Change ☐ Addition
NAME	TOBIA, GERARD	62 NAME	Glover, Roger
STREET ADDRESS	P.O. BOX 7055	63 STREET ADDRESS	P.O. Box 7055 N/A
CITY ST ZIP	PT. CHARLOTTE FL 33949	64 CITY ST ZIP	Port Charlotte FL 33949

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Boyd 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061066