

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001642 (8)

1. Corporation Name

POLK COUNTY ASSOCIATION OF PLUMBING, HEATING, AND
D COOLING CONTRACTORS, INC.



Principal Place of Business

1815 STERLING DR.
LAKELAND FL 33813

Mailing Address

1815 STERLING DR.
LAKELAND FL 33813

3. Date Incorporated or Qualified
04/13/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-3204893

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRITTON, CHARLES P
5300 SOUTH FLORIDA AVE.
LAKELAND FL 33813

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ADERHOLD, RON
STREET ADDRESS 207 E. BRIDGERS AVENUE
CITY-ST-ZIP AUBURNDALE FL

TITLE VP ☒ DELETE

NAME RAWLINGS, KEN
STREET ADDRESS 3921 WATER OAK DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ DELETE

NAME MURPHY, KEVIN
STREET ADDRESS 2118 WILDWOOD LANE
CITY-ST-ZIP AUBURNDALE FL

TITLE D ☐ DELETE

NAME ALBERTS, DAVID
STREET ADDRESS 3133 GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME BAYHAN SR., DAVID
STREET ADDRESS 902 S. GOLDEN RULE COURT
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME KONTRY, WARREN J.
STREET ADDRESS 1815 STERLING DRIVE
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Thomas, Doug
1.3 STREET ADDRESS 2827 Parkway Street
1.4 CITY-ST-ZIP Lakeland, FL. 33811

2.1 TITLE Vice-President ☒ Change ☐ Addition

2.2 NAME Garber, Sam
2.3 STREET ADDRESS 8041 Magnolia Ridge Dr.
2.4 CITY-ST-ZIP Lakeland, FL. 33809

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ken R. Maly, Sec. Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/96 (941) 667-2600

CR2E037 (12/95)