2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 8:00 am Secretary of State DOCUMENT # P03000086776 02-06-2004 90005 043 ***150 00 HVAC/R PRODUCT SERVICES, INC. Principal Place of Business Mailing Address 11710 CENTRAL PARKWAY JACKSONVILLE FL 32246 32224 RE4UZ336 11710 CENTRAL PARKWAY JACKSONVILLE FL 32246 372224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 02-0+0 City & State City & State Applied For Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENDZEL, KAREN E 12276 SAN JOSE BOULEVARD SUITE 126 -Street Address (P.O. Box Number is Not Acceptable) - ---JACKSONVILLE FL 32223 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and tritle if applicable. FILE:NOW!!! FEE IS FILE: S550.00 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition WARE, CHRIS NAME MAME 11710 CENTRAL PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP TILE Delete TITLE ☐ Change Addition NAME WARE, WALTER E JR. NAME STREET ADDRESS **522 PARK STREET** STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP- -Change TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with 23/0 4 SIGNATURE:

FILED