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
95 MAR 21 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27700 (4)

1. Corporation Name
CARRIER-FLORIDA AIR CONDITIONERS, INC.

Principal Place of Business	Mailing Address
CARRIER PARKWAY SYRACUSE NY 13206	CARRIER PARKWAY SYRACUSE NY 13206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 16-1354820	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MOREY, ROGER	1.2 NAME	E. Norman Callahan	
STREET ADDRESS	P O BOX 4808 N/A	1.3 STREET ADDRESS	P.O. Box 4808/NA	
CITY-ST-ZIP	SYRACUSE NY	1.4 CITY-ST-ZIP	Syracuse, N.Y. 13221	
TITLE	VPS	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLI, ROBERT E	2.2 NAME		
STREET ADDRESS	329 NORTH STAR DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHINGTON CT	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	LEMA, ARNOLD H.	3.2 NAME		
STREET ADDRESS	2 ALLYN ALLEY	3.3 STREET ADDRESS	20 Money Point Road	
CITY-ST-ZIP	MYSTIC CT	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	DISANTO, EDMUND	4.2 NAME	Andrea M. Quercia	
STREET ADDRESS	207 SUMMIT AVE	4.3 STREET ADDRESS	8 Winchester Court	
CITY-ST-ZIP	SYRACUSE NY	4.4 CITY-ST-ZIP	Farmington, CT 06032	
TITLE	S	5.1 TITLE	Assistant Secretary	☐ Change ☐ Addition
NAME	LEPPARD, FRANCES K.	5.2 NAME		
STREET ADDRESS	285 QUEEN ST UNIT 2A	5.3 STREET ADDRESS	14 Mildred Ave	
CITY-ST-ZIP	FARINGTON CT	5.4 CITY-ST-ZIP	Baldwinsville, N.Y. 13027	
TITLE		6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		6.2 NAME	William E. Striebe	
STREET ADDRESS		6.3 STREET ADDRESS	7337 Dartmoor Crossing	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fayetteville, N.Y. 13066	

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

SIGNATURE: Frances K. Leppard Frances K. Leppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Assistant Secretary
Date
Daytime Phone #

0484728 FN