

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34289

1. Corporation Name

Superior Heating & Cooling Mgmt, Inc.

800001833838
-05/22/96--01018--017
***200.00

Principal Place of Business

Mailing Address

231 Douglas Rd.
Bldg. A Unit 10
Oldsmar Fl 34677

Same

3. Date Incorporated or Qualified

06/13/1991

3a. Date of Last Report

1995

4. FEI Number

59-3068396

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24 Zip

25 Country

26 Suite, Apt #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Douglas, Floyd
7826 Grimsby Lane
New Port Richey, Fl 34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME Swanson, Chris
STREET ADDRESS 644-D Fairmont Ave.
CITY-ST-ZIP Safety Harbor, Fl.

TITLE VD ☐ DELETE

NAME Douglas, Floyd
STREET ADDRESS 3780 Preakness Pl #1909
CITY-ST-ZIP Palm Harbor, Fl

TITLE SD ☐ DELETE

NAME Swanson, Michelle
STREET ADDRESS 644-D Fairmont Ave.
CITY-ST-ZIP Safety Harbor, Fl

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE:

Chris Swanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96

Date

813-854-3449

Daytime Phone #

CR2E034 (12/95)