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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

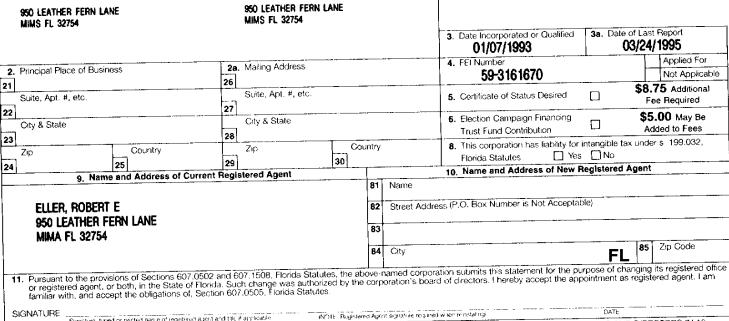
Secretary of State DIVISION OF CORPORATIONS

1996

P93000003750 (5) **DOCUMENT #** 1. Corporation Name BOB'S AIR CONDITIONING & BUILDING MAINTENANCE, I

Principal Place of Business

Mailing Address



SIGNATURE (NOTE: Rugistered Agrint signature required when reinstating) CR2E034 (12/95) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1. 1 TITLE TITLE 1.2 NAME ELLER, ROBERT E NAME 1.3 STREET ADDRESS 950 LEAHTER FERN LANE STREET ADDRESS 1.4 CHIY - ST - ZIP MIMS FL 32754 CITY - ST - ZIP Change Addition DELETÉ 2 1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 3 1 TITLE DELETE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHY - ST - ZIP CITY - ST - ZIP ☐ Addition DELETE 4 1 TILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 2IP ☐ Addition ☐ DELE1E 5.1 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR

3-7-96 467 349-9218