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

1	996	DIVISION OF				
DOCUM 1. Corporation N	Name	00041867 (1)			
SOUTH	ERN AUTO AIR & HEATIN	NG, INC.			 	14 84 (4) 86 (6) 8181 0 (1 84) (48 4) 8)(11 1 88) (84)
	(0)	Molling Address				
Principal Place o		Mailing Address				
5310 MOBILE PENSACOLA I		5310 MOBILE HWY PENSACOLA FL 3252	6			
					3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 04/11/1995
- Thiopart kiss of Essential		2a. Mailing Address	.S		4. FEI Number 59-3195647	Applied For Not Applicable
Suite, Apt. #,	otc	Suite Apt # etc.	Suite, Apt. #, etc.			\$8.75 Additional
2	, oto.	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Ζιρ	Cou	untry	8. This corporation has liability for	
4	25	29	30		110 000	s □ No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered Agent
014771	0.000/ 14/			81 Name		
SMITH, GARY W 5310 MOBILE HWY				82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
	OLA FL 32526			83		
TENOROGE (TE GEGEO				84 City		85 Zip Code
					ration submits this statement for the pu	FL 1
SIGNATURES	n, and accept the obligations of, Sec Signature, typic or printed native of registered age.			a Agricif signathre require		DATE FICERS AND DIRECTORS IN 12
TITLE	0	DELFIE		TITLE		Change Addition
NAME	SMITH, GARY W		121	NAME		
STREET ADDRESS	6015 MILLVIEW ROAD		135	STREE! ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526	CT DELETE		DITY - ST - ZIP		Change Addition
TITLE	D CHITTLE CYNTHIA P	☐ DELFTE		TILLE		C custige C Modition
NAME STREET ADDRESS	SMITH, CYNTHIA K 6015 MILLVIEW ROAD			STREET ADORESS		
C:TY - ST - ZiP	PENSACOLA FL 32526			City-St-ZiC		
TITLE	D	DELETÉ	3 1	TITLE		Change Addition
NAME	SMITH, GREGORY T			NAME		
STREET ADDRESS	380 PINE RIDGE LN			STREET ADDRESS		
CITY-SI-ZIP TITLE	PENSACOLA FL 32514 D	☐ DELETE		CHTV - ST - ZIP		Change Addition
NAME .	SMITH, KAY L	<u>.,</u>		NAME		
STREET ADDRESS	380 PINE RIDGE LN			STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		4 4	CITY-ST-ZIP		
TITLE		DELETE		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STHEET ADDRESS		
CITY - ST - ZIP TITLE		DELETE		CITY - ST - ZIP TITLE		Change Addition
NAME				NAME		_ · · _
STREET ADDRESS				STREET ADDRESS		
CITY ST. 7IP			6.4	CITY-SI-ZIP		
14. I do hereb	the information indicated on this ar	voual rapart or euroblamental ar	manal record	t ie frue and accult	for the exemption stated in Section 11 rate and that my signature shall have to	ie same iedai enect as ii made didos
oath: that l	Fine miormation indicated on this and Lam an officer or director of the corp Block 12 or Block 13 if changed, o	noration or the receiver or trust	tee enipow	ered to execute the	his report as required by Chapter 607,	Florida Statutes, and that my name

SIGNATURE:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24,96 901453-5916