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

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076373 (8)**

1. Corporate Name

TROPICAL AUTO AIR, INC.

Principal Place of Business

106 S OLD COUNTRY RD
EDGEWATER FL 32132

Mailing Address

106 S OLD COUNTRY RD
EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1993**

3a. Date of Last Report: **08/08/1994**

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

4. FEI Number: **59-3205210** ☐ 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 was subject to intangible tax under Chapter 199, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAEFER, ANDREW
106 S OLD COUNTRY RD
EDGEWATER FL 32132

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 Section 607.0502, 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. The 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

12. OFFICERS AND DIRECTORS

Title	S
Name	SCHAEFER, ANDREW
Street Address	106 S OLD COUNTRY RD
City-St-Zip	EDGEWATER FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Attach Additional Sheets, If Necessary)

Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition

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Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition

Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition

14. I declare (I certify) that the information supplied with this report is complete, accurate and in compliance with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

0012102 CP