

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000009887 (8)**

1. Corporation Name

TOCE AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

**5122 GULF DR
NEW PORT RICHEY FL 34652
US**

**5122 GULF DR
NEW PORT RICHEY FL 34652
US**

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3223902

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.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOCE, PETER R
10111 CASEY DR.
NEW PORT RICHEY FL 34654**

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 **D** ☐ DELETE
NAME **TOCE, PETER R**
STREET ADDRESS **10111 CASEY DR.**
CITY - ST - ZIP **NEW PORT RICHEY FL 34654**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE ☐ DELETE

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

TITLE ☐ DELETE

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY - ST - ZIP

TITLE ☐ DELETE

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY - ST - ZIP

TITLE ☐ DELETE

101 TITLE

102 NAME

103 STREET ADDRESS

104 CITY - ST - ZIP

TITLE ☐ DELETE

111 TITLE

112 NAME

113 STREET ADDRESS

114 CITY - ST - ZIP

TITLE ☐ DELETE

121 TITLE

122 NAME

123 STREET ADDRESS

124 CITY - ST - ZIP

TITLE ☐ DELETE

131 TITLE

132 NAME

133 STREET ADDRESS

134 CITY - ST - ZIP

TITLE ☐ DELETE

141 TITLE

142 NAME

143 STREET ADDRESS

144 CITY - ST - ZIP

TITLE ☐ DELETE

151 TITLE

152 NAME

153 STREET ADDRESS

154 CITY - ST - ZIP

TITLE ☐ DELETE

161 TITLE

162 NAME

163 STREET ADDRESS

164 CITY - ST - ZIP

TITLE ☐ DELETE

171 TITLE

172 NAME

173 STREET ADDRESS

174 CITY - ST - ZIP

TITLE ☐ DELETE

181 TITLE

182 NAME

183 STREET ADDRESS

184 CITY - ST - ZIP

TITLE ☐ DELETE

191 TITLE

192 NAME

193 STREET ADDRESS

194 CITY - ST - ZIP

TITLE ☐ DELETE

201 TITLE

202 NAME

203 STREET ADDRESS

204 CITY - ST - ZIP

TITLE ☐ DELETE

211 TITLE

212 NAME

213 STREET ADDRESS

214 CITY - ST - ZIP

TITLE ☐ DELETE

221 TITLE

222 NAME

223 STREET ADDRESS

224 CITY - ST - ZIP

TITLE ☐ DELETE

231 TITLE

232 NAME

233 STREET ADDRESS

234 CITY - ST - ZIP

TITLE ☐ DELETE

241 TITLE

242 NAME

243 STREET ADDRESS

244 CITY - ST - ZIP

TITLE ☐ DELETE

251 TITLE

252 NAME

253 STREET ADDRESS

254 CITY - ST - ZIP

TITLE ☐ DELETE

261 TITLE

262 NAME

263 STREET ADDRESS

264 CITY - ST - ZIP

TITLE ☐ DELETE

271 TITLE

272 NAME

273 STREET ADDRESS

274 CITY - ST - ZIP

TITLE ☐ DELETE

281 TITLE

282 NAME

283 STREET ADDRESS

TITLE ☐ DELETE

291 TITLE

292 NAME

TITLE ☐ DELETE

301 TITLE

TITLE ☐ DELETE

311 TITLE

SIGNATURE:

Peter R Toce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter R Toce 6/11/96 813-846-8818

DATE

Telephone Number

CR2E034 (3/96)