FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 C.1 ON OF CORPORATIONS P94000018524 (6) DOCUMENT # Corporation Name AIR TITE AIR CONDITIONING & REFRIGERATION, INC. Principal Place of Business Mailing Address 12000 OVERSEAS HWY 12000 OVERSEAS HWY MARATHON FL 33050 MARATHON FL 33050 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 4920 OLEAN TERRACE Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28  $\Box$ Trust Fund Contribution Zφ Added to Fees Country  $Z_{10}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MILLER, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 82 12000 OVERSEAS HWY MARATHON FL 33050 83 84 Crtv Zip Code Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the at-or registered agent, or both, in the State of Florida-Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes be named corporation submits this statement for the purpose of changing its registered office corporation's board of directors. Thereby accept the appointment as registered agent. Fam Styridated types for printed name of responsed agent and the float Age: Construirore required when remainings 12. OFFICERS AND DIRECTORS (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEF DELETE if LE Change NAME RICHARDS, LARRY E Add tion STREET ADDRESS 2276 DOLPHIN DR. CR2E034 IREEL ADDRESS MARATHON FL CITY-ST-ZIP 1Y - S1 - ZIF THIF DELETÉ I LE RICHARDS, KAREN S ☐ Change Addition NAME .ME STREET ADDRESS 2276 DOLPHIN DR HEE! ADDRESS CITY - ST-ZIP MARATHON FL TY-ST ZiP TITLE DELETE ITLE ☐ Change ☐ Addition NAME STREET ADDRESS TREET ADDRESS CiTY-ST-ZiP Y-ST-ZIP TITLE DELETE Change NAME Addition STREET ADDRESS REFT ADDRESS CITY-ST-ZIP Y - \$1 - ZIP TITLE DELETE Change NAME Addition STREET ADDRESS EEL ADDRESS CITY-ST-ZIP -SI-7IP TITLE DELETE Change NAME Addition STREET ADDRESS ET ADDRESS CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished a certify that the information indicated on this annual report or suppliementary must report that I am an officer or director r - ST 7iP loes not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further true and accurate and that my signature shall have the same legal effect as if made under od to execute this report as required by Chapter 607, Florida Statutes, and that my name Ostee engx SIGNATURE: 4/29/96 1-305-743-3838