FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000041138 (6)**

1. Corporation Name

DICK SMITH AIR CONDITIONING & REFRIGERATION, INC

Principal Place of Business	Mailing Address
1648 DONNA RD WEST PALM BEACH FL 33409 US	1648 DONNA RD WEST PALM BEACH FL 33409 US

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/27/1994**

3a. Date of Last Report: **01/17/1995**

4. FEI Number: **65-0493148** ☐ 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

9. Name and Address of Current Registered Agent

SMITH, WILLIAM B
1648 DONNA RD
WEST PALM BEACH FL 33409

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 and 607.1502, 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: DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	D	51 TYPE	☐ Change ☐ Addition
NAME	SMITH, WILLIAM B	52 NAME	
STREET ADDRESS	1653 FEATHER TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	54 CITY-ST-ZIP	
TYPE	D	61 TYPE	☐ Change ☐ Addition
NAME	SMITH, KATHY K	62 NAME	
STREET ADDRESS	1653 FEATHER TRAIL	63 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	64 CITY-ST-ZIP	
TYPE	☐ DELETE	71 TYPE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 CITY-ST-ZIP	
TYPE	☐ DELETE	81 TYPE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY-ST-ZIP		84 CITY-ST-ZIP	
TYPE	☐ DELETE	91 TYPE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	
TYPE	☐ DELETE	101 TYPE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY-ST-ZIP		104 CITY-ST-ZIP	
TYPE	☐ DELETE	111 TYPE	☐ Change ☐ Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY-ST-ZIP		114 CITY-ST-ZIP	

14. I 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)(i), 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 added above or on an attachment with an address.

SIGNATURE: William B Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)