SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047687 (6)**

1. Corporation Name
AIRTECH HEATING & AIR CONDITIONING OF CITRUS COU NTY INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1315 HIGHWAY 41, NORTH INVERNESS FL 34451	POST OFFICE BOX 22 INVERNESS FL 34451

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 8591 S Rock Pt.
22 Suite, Apt. #, etc.: Floral City FL
23 City & State: 34436
24 Zip:
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-325 2456 ☐ 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

BERGERON, RAYMOND S JR.
1315 HIGHWAY 41, NORTH
INVERNESS FL 34451

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number Is Not Acceptable): 8591 S Rock Pt.
93: Floral City
94 City: FL 95 Zip Code: 34436

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGERON, RAYMOND S	1.2 NAME	
STREET ADDRESS	1315 HIGHWAY 41, NORTH	1.3 STREET ADDRESS	8591 S Rock Pt
CITY-ST-ZIP	INVERNESS FL 34451	1.4 CITY-ST-ZIP	Floral City FL 34436
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BERGERON, RAYMOND S	2.2 NAME	
STREET ADDRESS	1315 HIGHWAY 41, NORTH	2.3 STREET ADDRESS	8591 S Rock Pt
CITY-ST-ZIP	INVERNESS FL 34451	2.4 CITY-ST-ZIP	Floral City FL 34436
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do 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 on an attachment with an address.

SIGNATURE: _____ 7-5-95 344-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104220 FP