

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062879 (9)

1. Corporation Name

LARRYS' COOLING & HEATING, INC.



Principal Place of Business

1251 SEMINOLE DRIVE
INDIAN HARBOUR BEACH FL 32937

Mailing Address

1251 SEMINOLE DRIVE
INDIAN HARBOUR BEACH FL 32937

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1251 Seminole Dr.

26 1251 Seminole Dr.

4. FEI Number

59-3274229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

INDIAN HARBOUR Bch., FLORIDA

INDIAN HARBOUR Bch., FLORIDA

24 Zip

25 Country

29 Zip

30 Country

32937

U.S.A.

32937

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSATO, LAURENCE S
1251 SEMINOLE DRIVE
INDIAN HARBOUR BEACH FL 32937

81 Name

LAURENCE S. ROSATO

82

Street Address (P.O. Box Number is Not Acceptable)

83

1251 Seminole Drive

84

City
INDIAN HARBOUR BEACH,

FL

85 Zip Code

32937

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 board of directors

(None) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME ROSATO, LAURENCE S
STREET ADDRESS 1251 SEMINOLE DRIVE
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE ☐ DELETE

President
NAME LAURENCE S. ROSATO
STREET ADDRESS 1251 Seminole Drive
CITY-ST-ZIP INDIAN HARBOUR BEACH, FLORIDA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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: LAURENCE S. ROSATO 1-16-96 407-773-8467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)