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

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

ANNL	NUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS				
DOCUI 1. Corporation	MENT # P950	000023253 (4		_	
RIDDE	ELL COOLING, INC.				
Principal Place of Business		Mailing Address			80111 00110 11000 11110 11501 11110 1111 1001
12352 4TH STREET, SE FORT MYERS FL 33905		12352 4TH STREET. SE			
TOTAL MATER	5 FE 33300	FORT MYERS FL 339	U5		
				 Date Incorporated or Qualified 03/22/1995 	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FE Number 15/16	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		162-06444	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	
RIDDELL	L, JAMES R		81 Name		
	ITH STREET, SE		82 Street Addr	ess (P.O. Box Number is Not Acceptable	9)
FORT MYERS FL 33905			83	100 M	
			84 City		Izal - a
44 5			'		FL 85 Zip Code
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of FI	602 and 607 1508, Florida Statut orida. Such change was authoriz	es, the above-named corpored by the corporation's boar	ation submits this statement for the purp d of directors. Thereby accept the appo	ose of changing its registered office
	h, and accept the obligations of, Se	ection 607.0505, Florida Statutes	. ,	a or an estero. Thoroby accopy the appo	minent as registered agont. Fairi
SIGNATURE	Signature, typed or printed name of registance a	pool and trik-ir applicable. (NC	TE Registered Agent signature required	1 when reinstating)	DAIE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	PSTD RIDDELL, JAMES R	☐ DÉLĒTE	1 1 TITLE	•	Change Addition
STREET ADDRESS	12352 4TH STREET, SE		1.2 NAME		
CITY-ST-ZIP	FORT MYERS FL 33905		1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		
TITLE		DELETE	2 1 11/11 57 28		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRECT ADDRESS		
CITY-ST-ZIP TITLE		□ Pretre	2 4 CITY- ST-ZIP		
NAME		☐ DELETE	3 1 THLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
FITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S1 - 2IP 5.1 TITLE		Change C 1320
NAME		FT Section	5.1 THE 5.2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-SF-7/P		
TITLE		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME CIRCLI ADDUCCO			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
14. Ldo horoby	certify that the information supplies	d with this filing is voluntarily	■ 6.4 CHY-ST-ZIP shed and does not qualify for	r the exemption stated in Section 119.0.	7/3)/k) Florida Otalistas 14:45
oath; that I	the information indicated on this an am an officer of director of the con Block 12 or Block 12 if changed, o	noa resalt di subsiditi mai alli il	empowered to execute this	r the exemption stated in Section 119.0: e and that my signature shall have the st report as required by Chapter 607, Flor	noppy, Fiorida Statutes, Hurther ame legal effect as if made under da Statutes; and that my name