

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000040394 (5)**

1. Corporation Name

AIR-O-COOLING & HEATING SYSTEMS, INC.



Principal Place of Business

Mailing Address

14807 N. 12TH ST.
LUTZ FL 33549

14807 N. 12TH ST.
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 13910 N Dale Mabry

22 City & State

27 Suite One

23 Zip

Country

28 Tampa, FL

24 Zip

Country

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1995

4. FEI Number

Applied For

59-3316294

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

10. Name and Address of New Registered Agent

SANDERS, WALTER
13910 N. DALE MABRY HWY.
SUITE 1
TAMPA FL 33618

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 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE: D
NAME: KURSCH, JOHN
STREET ADDRESS: 14807 N. 12TH ST.
CITY-ST-ZIP: LUTZ FL 33549

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
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TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. 1. TITLE [] Change [] Addition

12. NAME [] Change [] Addition

13. STREET ADDRESS [] Change [] Addition

14. CITY-ST-ZIP [] Change [] Addition

2. TITLE [] Change [] Addition

22. NAME [] Change [] Addition

23. STREET ADDRESS [] Change [] Addition

24. CITY-ST-ZIP [] Change [] Addition

3. TITLE [] Change [] Addition

32. NAME [] Change [] Addition

33. STREET ADDRESS [] Change [] Addition

34. CITY-ST-ZIP [] Change [] Addition

4. TITLE [] Change [] Addition

42. NAME [] Change [] Addition

43. STREET ADDRESS [] Change [] Addition

44. CITY-ST-ZIP [] Change [] Addition

5. TITLE [] Change [] Addition

52. NAME [] Change [] Addition

53. STREET ADDRESS [] Change [] Addition

54. CITY-ST-ZIP [] Change [] Addition

6. TITLE [] Change [] Addition

62. NAME [] Change [] Addition

63. STREET ADDRESS [] Change [] Addition

64. CITY-ST-ZIP [] Change [] Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Daytime Phone #

CR2E034 (12/95)