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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047019 (1)

NICEVILLE REFRIGERATION & AIR CONDITIONING, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1109 FOREST ROAD 1109 FOREST ROAD NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 858 W. John Sms Pkw 26 858 W. John Sims PKWU 59-3319996 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Niceville Trust Fund Contribution 23 Niceville Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA USA 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SIERS, LEONARD B II 1109 FOREST ROAD 82 Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 32578 83 84 City 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 high gations of Section 607.0505, Florida Statutes. RES 4.3c. 98 SIGNATURE out and lite it applicable (NO1E: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 PISD TITLE DELETE 1.1 TITLE Change SIERS, LEONARD B II NAME 1.2 NAME 1109 FOREST ROAD STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change __ Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CFTY-\$1-ZIP 5.4 CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing 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 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 trustod entropewered 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.

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LEONARA BSIDES IT

4.30.98

(850)678.752