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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

- 1 (ATT) (ATT)

2060: + TPATO 1/20/96 813-961-9525

1996 DOCUMENT # P95000047792 (3)

R.W. TATRO AIR CONDITIONING, INC.

Principal Place of Business Mailing Address					1 100 1150 110 1010 01111 40111 05111 05111 05111 05111 10511 10511 10511		
128 EAST 143RD AVENUE TAMPA FL 33613		128 EAST 143RD AVENUE TAMPA FL 33613					
					Date Incorporated or Qualified 07/01/1995	3a. Date of Last	Report 95
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEt Number		Applied For
21 Same					59-3324		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1301	75 Additional e Required
City & State		City & State			6. Election Campaign Financing		
City & State		28 Temp	~ 5	4	Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip		intry	8. This corporation has liability for i		
24	25	29 33682	30	USA	Florida Statutes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name			
HINES, JAMES P				82 Street Addre	dress (P.O. Box Number is Not Acceptable)		
	TH HYDE PARK AVENUE			63			
TAMPA F	L 33606			63			
				84 City		FL 85	Zip Code
11 Durewant to	a the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the abo	ve-named corpora	ation submits this statement for the pur	pose of changing its	s registered office
or registere	ed agent, or both, in the State of Flor	rida. Such change was authoriz	ed by the	corporation's boar	d of directors. I hereby accept the appe	pintment as register	ed agent. I am
	h, and accept the obligations of, Sec	otion 607.0505, Florida Statutes	i .				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	1 Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	TORS IN 12
TITLE	D	DELETE	1.11	ITLE	·	Chang	je 🔲 Addition
NAME	tatro, robert w		1.2 N	AME			
STREET ADDRESS	128 E. 143RD AVE.		13S	TREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33613			HY-ST-ZIP		— •	- C) Marin
TITLE	Vice-Preside	DELETE	2 11			☐ Chang	e [] Addition !
NAME	MATHEW EARL	Francil	22 N				
STREET ADDRESS	l. , <u></u> -	25	1	TREET ADDRESS			
CITY-ST-ZIP TITLE	Naples FL 3	5.5 TI DELETE	3.1	ITY - ST - ZIP		☐ Chang	e [] Addition
NAME		Doctor	3.2 N	j		L	
STREET ADDRESS				STREET ADDRESS			
CITY-SI-ZIP				ITY-ST-ZIP			
TITLE		DELETE	4.1			Chang	ge 🔲 Addition
NAME			421	IAME			į
STREET ADDRESS			4.3 5	TREET ADDRESS			
CITY-ST-ZIP			440	HTY-ST-ZIP			
TITLE		☐ DELETE	5.1	TITLE		Chang	ge 🔲 Addition
NAME			5.2 N	IAMÉ			
STREET ADDRESS			535	TREET ADDRESS			
CITY-ST-ZIP		FT DELETE		CITY - ST - ZIP		Chan-	no FT Addition
THLE		DELETE		TITLE		☐ Chang	ge Maddition
NAME				IAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	v certify that the information supplier	d with this filing is voluntarily fur	6.4 0 nished and	OTY-ST-ZIP I does not qualify for	or the exemption stated in Section 119	.07(3)(k), Florida Sta	atutes. I further
certify that oath; that	t the information indicated on this an	inual report or supplemental ani poration or the receiver or trusti	nual report ee empowe	is true and accura	ate and that my signature shall have the is report as required by Chapter 607, F	same lega! ettect a	is it made under