

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000055619  
1. Corporation Name  
P J PUHL REFRIGERATION + AIR CONDITIONING, INC.

Principal Place of Business Mailing Address  
670 27TH STREET N.W.  
NAPLES, FL 34120-1750

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
7/11/95

2. Principal Place of Business 2a. Mailing Address  
21 670 27TH STREET NW 26 670 27TH STREET NW  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 NAPLES, FL 28 NAPLES, FL  
Zip Country Zip Country  
24 34120-1750 25 US 29 34120-1750 30 US

4. FEI Number Applied For  
65-0597574 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
FRANK P. MURPHY  
800 LAUREL OAK DR STE 301  
NAPLES, FL 34108

10. Name and Address of New Registered Agent  
81 Name PAUL J. PUHL  
82 Street Address (P.O. Box Number is Not Acceptable) 670 27TH ST NW  
83  
84 City NAPLES, FL 85 Zip Code 34120-1750

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]* DATE: 3/22/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL J PUHL	
STREET ADDRESS	670 27TH ST NW	
CITY-ST-ZIP	NAPLES, FL 34120-1750	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-03/27/98--01002--032  
\*\*\*150.00

14. I hereby 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 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 registered 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 attached form, with an address.  
SIGNATURE: *[Signature]* DATE: 3/22/98  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)