

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 # P95000060204 (1)

1. Corporation Name

HAROLD'S A/C & REFRIGERATION SERVICE, INC.



Principal Place of Business

39810 WILDS RD
DADE CITY Y 22 33525

Mailing Address

39810 WILDS RD
DADE CITY Y 22 33525

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25 Pasco

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30 Pasco

3. Date Incorporated or Qualified

08/03/1995

3a. Date of Last Report

New Corp.

4. FEI Number

☒ Applied For
☐ 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. 190.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VANDER GALIEN, HAROLD
39810 WILDS RD
DADE CITY Y 22 33525

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
VANDER GALIEN, HAROLD
STREET ADDRESS 39810 WILDS RD
CITY-STATE-ZIP DADE CITY Y 22 33525

TITLE ☐ DELETE

NAME STD
VANDER GALIEN, ANGIE
STREET ADDRESS 39810 WILDS RD
CITY-STATE-ZIP DADE CITY Y 22 33525

TITLE ☐ DELETE

NAME VD
BEAMS, KENNETH
STREET ADDRESS 20401 N HWY 98 LOT 8
CITY-STATE-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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:

Harold Vander Galien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 1996

204-562-1938

CR2E034 (12/95)