

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073435 (6)

1. Corporation Name

DUN-RITE AIR CONDITIONING AND HEATING INC.



Principal Place of Business

Mailing Address

25 COUNTRY RD
LORIDA FL 33857-9796

25 COUNTRY RD
LORIDA FL 33857-9796

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

09/21/1995

2. Principal Place of Business

21 4800 Chancellor St NE

2a. Mailing Address

26 4800 Chancellor St NE

4. FEI Number

65-0610738

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. 199.032,
Florida Statutes

☒ Yes ☐ No

23 City & State
St Petersburg FL

28 City & State
St Petersburg FL

24 Zip
33703

Country

29 Zip
33703

Country

9. Name and Address of Current Registered Agent

WATSON, DONALD E
25 COUNTRY RD
LORIDA FL 33857-9796

10. Name and Address of New Registered Agent

81 Name

William K Thiel

82 Street Address (P.O. Box Number is Not Acceptable)

4800- Chancellor St NE

83

84 City

St Petersburg

FL

85 Zip Code

33703

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

William K Thiel

6-21-96

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (P)	☐ Change ☒ Addition
1.2 NAME	William K Thiel	
1.3 STREET ADDRESS	4800- Chancellor St NE	
1.4 CITY-ST-ZIP	St Petersburg FL 33703	
2.1 TITLE	Treasurer (T)	☐ Change ☒ Addition
2.2 NAME	William K Thiel	
2.3 STREET ADDRESS	4800 Chancellor St NE	
2.4 CITY-ST-ZIP	St Petersburg FL 33703	
3.1 TITLE	Secretary (S)	☐ Change ☒ Addition
3.2 NAME	William K Thiel	
3.3 STREET ADDRESS	4800- Chancellor St NE	
3.4 CITY-ST-ZIP	St Petersburg FL 33703	
4.1 TITLE	Vice President (V)	☐ Change ☒ Addition
4.2 NAME	Donald E Watson	
4.3 STREET ADDRESS	25 Country Rd	
4.4 CITY-ST-ZIP	Lorida FL 33857-9796	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald E Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96

813-522-8249

Date

Daytime Phone #

CR2E034 (3/96)