

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 # P95000083492 (5)

1. Corporation Name

CONSOLIDATED AIR AND HEATING, INC.



Principal Place of Business

5420 STATE ROAD 84
DAVIE FL 33314

Mailing Address

5420 STATE ROAD 84
DAVIE FL 33314

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WALKER, MARIBEL R
5420 STATE ROAD 84
DAVIE FL 33314

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

4. FEI Number

65-0637266

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

10. Name and Address of New Registered Agent

81

Name

FRANK WALKER

82

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

5420 State Rd 84

83

84

City

DAVIE

FL

Zip Code
33314

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 607.0506, Florida Statutes.

SIGNATURE

Frank S. Walker

(NOTE: Registered Agent signature required when reinstating)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WALKER, MARIBEL R
STREET ADDRESS 5420 STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME D, P, VP, Sy, T
STREET ADDRESS WALKER, Frank
CITY-ST-ZIP 5420 State Rd 84
DAVIE FL 33314

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

☐ Change

☐ Addition

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

☐ Change

☐ Addition

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

☐ Change

☐ Addition

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

☐ Change

☐ Addition

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

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 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE:

Frank S. Walker President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

Daytime Phone #

CR2E034 (12/95)