

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037117 (4)**

1. Corporation Name

CLEAN AIR REFRIGERANT OF FLORIDA, INC.



Principal Place of Business	Mailing Address
501 FAULKENBURG ROAD SUITE D TAMPA FL 33619	501 FAULKENBURG ROAD SUITE D TAMPA FL 33619

3. Date Incorporated or Qualified 04/30/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
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21 4500 140TH AVE North	26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

22 SUITE 118	27
City & State	City & State

23 Clearwater Florida	28
City & State	City & State

24 34622	25 Pinaldas	29	30
Zip	Country	Zip	Country

4. FEI Number 59-3384321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, WILLIAM H
501 FAULKENBURG ROAD
SUITE D
TAMPA FL 33619

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SEC	<input type="checkbox"/> DELETE
NAME	William H Pierce	
STREET ADDRESS	4534 Nelson Ave	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	RON Shirley	
STREET ADDRESS	14480 MOCKING DRIVE	
CITY-ST-ZIP	SEMINOLE, FL 34646	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	Ralph Newton	
STREET ADDRESS	3290 TIMBERMOON CT	
CITY-ST-ZIP	LAWRENCEVILLE GA 30244	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	J. Kent Pierce	
STREET ADDRESS	5000 DUNCANS LAKE RD	
CITY-ST-ZIP	BUFORD GA 30619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

14. I do 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 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 in an attachment with an address.

SIGNATURE:  **WILLIAM H. PIERCE**

Date: **1/15/97** Daytime Phone: **813-622-5545**

CR2E034 (9/96)