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PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

Sandra B. Morthson "

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Jun 02 1997 8:00am

Secretary of State

CR2E034

4-28-97 941-349-3233

Secretary of State DIVISION OF CORPORATIONS

1997

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Mailing Address

MARTIN CARPENTERS AIR CONDITIONING & HEATING INC

4411 BEE RIDGE ROAD 4411 BEE RIDGE ROAD SUITE 264 SUITE 264 **SARASOTA FL 34233-2514** SARASOTA FL 34233 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-07008 26 Not Applicable Suite, Apt. #, etc. Suite Ant #. oto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 Florida Statutes 24 25 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, JANIS 5959 CATTLEMEN LANE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 63 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: Typeot or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. Addition DELETE 1.1 TITLE PresideNt Change THILE Martin E. Carpenter 1.2 NAME NAME 3354 Williamsburg St 1.3 STREET ADDRESS STREET ADDRESS 1.4 City-ST-ZIP CITY - ST - ZIF Addition DELETE Change 2.1 TITLE TILLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CITY-ST ZIP DELETE ☐ Change ☐ Addition THILE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY- \$1-2IP DELETE Change Addition 5.1 TIFLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 concentration or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name