2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State P99000099010 **DOCUMENT #** 1. Entity Name 04-17-2002 90176 048 ***150.00 PHIL'S HEATING AND AIR, INC. Mailing Address Principal Place of Business POST OFFICE BOX 10827 3356 INDIAN HILLS DRIVE PENSACOLA FL 32524 PACE FL 32571 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3608621 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROARK, DONALD A Street Address (P.O. Box Number is Not Acceptable) 1101 GULF BREEZE PARKWAY SUITE #65 Zip Code City **GULF BREEZE FL 32561** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition □1 Channe TITLE ☐ Delete TITLE NAME KING, PHILLIP V NAME STREET ADDRESS 3356 INDIAN HILLS DRIVE STREET ADDRESS CITY-ST-ZIP **PACE FL 32571** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME KING, CINDI L NAME STREET ADDRESS STREET ADDRESS 3356 INDIAN HILLS DRIVE CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP Addition Addition ☐ Change Delete. TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I 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 report or supplemental 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all gither like empowered.

FILED

JRAIDKING, PRES 4/10/02 850-995-4573