FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S09028** **(9)**

1. Corporation Name

SUNSHINE AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
12217 S.E. HWY 441 BELLEVIEW FL 34420 US	12217 S.E. HWY 441 BELLEVIEW FL 34420 US

3. Date Incorporated or Qualified: 10/22/1990
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business
21: 12249 SE Hwy 441
22: Suite, Apt. #, etc.
23: City & State: Belleview, Fl.
24: Zip: 344 20 25: Country

2a. Mailing Address
26: P.O. Box 109
27: Suite, Apt. #, etc.
28: City & State: East Lake Weir, Fl
29: Zip: 321 33 30: Country

4. FEI Number: 59-3034482 ☐ 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

9. **Name and Address of Current Registered Agent**

HOFFMAN, PAUL A
14620 S.E. 139TH PLACE
EAST LAKE WEIR FL 32133

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: Paul A. Hoffman — Paul A. Hoffman — DATE: 2/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HOFFMAN, PAUL A.		1.2 NAME	Hoffman, Paul A	
STREET ADDRESS	16342 SE COUNTY RD. 475		1.3 STREET ADDRESS	12249 SE Hwy 441	
CITY-ST-ZIP	SUMMERFIELD FL		1.4 CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE	VTS	☐ DELETE	2.1 TITLE	VTS	☑ Change ☐ Addition
NAME	HOFFMAN, CANDY		2.2 NAME	Hoffman, Candy	
STREET ADDRESS	16342 SE COUNTY RD. 475		2.3 STREET ADDRESS	12249 SE Hwy 441	
CITY-ST-ZIP	SUMMERFIELD FL		2.4 CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HOFFMAN, CANDY		3.2 NAME	Hoffman, Candy	
STREET ADDRESS	16432 SE COUNTY RD 475		3.3 STREET ADDRESS	12249 SE Hwy 441	
CITY-ST-ZIP	SUMMERFIELD FL		3.4 CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE	VP	☐ DELETE	4.1 TITLE	VP	☑ Change ☐ Addition
NAME	URBAN, JOSEPH		4.2 NAME	Urban Joseph	
STREET ADDRESS	16342 SE COUNTY RD 475		4.3 STREET ADDRESS	12249 SE Hwy 441	
CITY-ST-ZIP	SUMMERFIELD FL		4.4 CITY-ST-ZIP	Belleview, Fl. 34420	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Candy A Hoffman — 2/21/96 — 352-245-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #