

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S22615** (6)

1. Corporation Name
ARCTIC AIR MAINTENANCE & REFRIGERATION, INC.



Principal Place of Business: **4892 POMPAÑO TERR STUART FL 34997**
Mailing Address: **4892 POMPAÑO TERR STUART FL 34997**

Please note: address changes only. (2)

2. Principal Place of Business	2a. Mailing Address
21 9902 S.W. Lamar Terrace	26 9902 S.W. Lamar Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Palm City, Florida	28 Palm City, Florida
24 34990	29 34990
25 USA	30 USA

3. Date incorporated or Qualified 01/02/1991	3a. Date of Last Report 05/01/1995
4. FEIN Number 65-0238329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
ATHY, TRACY
4892 POMPAÑO TERR
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name Athy, Tracy
82 Street Address (P.O. Box Number is Not Acceptable) 9902 S.W. Lamar Terrace
83
84 City Palm City,
85 State FL
86 Zip Code 34990

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: *Tracy Athy* DATE: **4/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHY, PHILIP	1.2 NAME	
STREET ADDRESS	4892 POMPAÑO TERR	1.3 STREET ADDRESS	9902 S.W. Lamar Terrace
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	Palm City, Florida 34990
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHY, TRACY	2.2 NAME	
STREET ADDRESS	4892 POMPAÑO TERR	2.3 STREET ADDRESS	9902 S.W. Lamar Terrace
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	Palm City, Florida 34990
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Tracy Athy* DATE: **4/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Tracy Athy**
407-597-5665

CR2E034 (12/95)