FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

1995 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****200.00 ****200.00

DOCUMENT # **S86915** **(3)**

1. Corporation Name
CERTIFIED HEATING AND COOLING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1103 N. MERRIN ST. PLANT CITY FL 33566	4515 BRUTON RD PLANT CITY FL 33565 US

3. Date Incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 501 S. ALEXANDER ST.
Suite, Apt. #, etc.
22 SUITE A
City & State
23 PLANT CITY FLA
Zip 24 33566 County 25

2a. Mailing Address
26 P.O. BOX 2102
Suite, Apt. # etc.
27
City & State
28 PLANT CITY FLA
Zip 29 33564 County 30

4. FEI Number: 65-0291363 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLEMMONS, MONROE D. 4515 BRUTON ROAD PLANT CITY FL 33565	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: Monroe D Clemmons 3/15/95
(Typed or printed name of registered agent and the if applicable) NOTE: Registered Agent signature required when changing. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	VP	☒ Change ☐ Addition
NAME	CLEMMONS, MONROE D.	12 NAME	CLEMMONS, MONROE D	
STREET ADDRESS	4515 BRUTON ROAD	13 STREET ADDRESS	4515 Bruton Road	
CITY ST ZIP	PLANT CITY FL	14 CITY ST ZIP	PLANT City FL 33565	
TITLE	VP	21 TITLE	DP	☒ Change ☐ Addition
NAME	CLEMMONS, MICHELE I.	22 NAME	Clemmons, Michele F.	
STREET ADDRESS	4515 BRUTON ROAD	23 STREET ADDRESS	4515 Bruton Road	
CITY ST ZIP	PLANT CITY FL	24 CITY ST ZIP	PLANT City FL 33565	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		SEC 5-1-95

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)(i), Florida Statutes. I further certify that the information indicated on this 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: Michele I. Clemmons 3/15/95 (813)759-0374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Monroe D. Clemmons

0207010 CP