

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86915**

(3)

1. Corporation Name

CERTIFIED HEATING AND COOLING, INC.



Principal Place of Business

**501 S. ALEXANDER ST.
SUITE A
PLANT CITY FL 33566**

Mailing Address

**P.O. BOX 2172
PLANT CITY FL 33564
US**

3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

4. FEI Number

65-0291363

Applied For

Not Applicable

21 Suite, Apt. #, etc.

28

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

29

City & State

6. Election Campaign Financing

\$5.00 May Be

23 Zip

30

Zip

24 Country

25

Country

25

29

Country

26

30

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current 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

Signature of Registered Agent or Registered Director

NOTE: Registered Agent Signature is printed when checked

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DELETE

NAME

CLEMMONS, MONROE D

STREET ADDRESS

4515 BRUTON ROAD

CITY-ST-ZIP

PLANT CITY FL 33565

TITLE

DELETE

NAME

CLEMMONS, MICHELE I.

STREET ADDRESS

4515 BRUTON ROAD

CITY-ST-ZIP

PLANT CITY FL 33565

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME