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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT #
1. Corporation Name CONDITIONED AIR & ADDITANCE CEDVICE INC

COND	THONED AIR & APPLIAN	JE SEHVICE, INC.									
Principal Place	of Business	Mailing Address				1				IBAN BROKN DIBIN PARK	
	WAY NORTH RK FL 34666	7029 64TH WAY NOT PINLLAS PARK FL 34									
						3.	Date Incorporated or Qualified 01/01/1992	3a. Date	of Last 5/01/1	Report 1995	
	ace of Business	2a. Mailing Address			4.	. FEI Number	-J		Applied For		
21		26					59-3092130		<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	. Certificate of Status Desired		\$8.7	75 Additional		
City & State		Ch. & State				<u> </u>			Fe	e Required	
23		City & State				6.	Election Campaign Financing	П	\$5.	.00 May Be	
Zip	Country		Zip Country			1	Trust Fund Contribution			ded to Fees	
24	25	29 30				8.	This corporation has liability for in Florida Statutes Yes		k under	s 199.032,	
	9. Name and Address of Curr		tered Agent			١	Name and Address of New R		aent		
				B1	Name			cgiatered	gent		
MARLIN	, WILLIAM J		ļ.	_							
	ITH WAY			B2	Street Addres	ss (P.	O. Box Number is Not Acceptab	e)			
PINELL	AS PARK FL 34666		1	33							
			-								
		1		34				FL	1 1	Zip Code	
<ol> <li>Pursuant t or register</li> </ol>	o the provisions of Sections 607.05 ed agent, or both, in the State of Fk	02 and 607.1508, Florida Statu	es, the above	e-n	named corporat	lion s	submits this statement for the purp		l l	s registered office	
familiar wit	ed agent, or both, in the State of Fig. h, and accept the obligations of, Se	ection 607.0505, Florida Statute:	red by the co s.	orpe	oration's board	01 G	rectors. I hereby accept the appo	intment as i	egistere	ed agent. I am	
SIGNATURE _											
12.	Signature, typed or printed name of registered ag	ent and the flexible (NO NDD DIRECTORS		gert	t signature required w			DATE			
TITLE	OF FIGURE A	DELETE	13.	_			ADDITIONS/CHANGES TO OFFI				
NAME	MARLIN, WILLIAM J		3. 1 111					L_1 Chan		ge 🗌 Addition	
STREET ADDRESS	7029 64TH WAY		1.2 NAM								
CITY-ST-ZIP	PINELLAS PARK FL				ADDRESS						
TITLE	D DELETE		14 Cily 2 1 Till								
NAME	MARLIN, BARBARA J		2 2 NAM					L.,	] Change	Addition	
STREET ADDRESS	7029 64 WAY			ET ADDRESS							
CITY-ST-ZIP	PINELLA PARK FL			2.4 CiTy - ST - ZiP							
TITLE		DELETE	3. 1 Till		-70				Channa	- Daddele	
NAME			3.2 NAM					L	Change	Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			3.4 CITY		·						
TITLE		DELETE	4. 1 TITL						Change	Addition	
NAME			4.2 NAM	E					Onlangs	☐ Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			4.4 CITY		I .						
TITLE	The state of the s	☐ DELETE	5 1 TiTLI	_					Change	Addition	
NAME			5.2 NAM	NAME							
STREET ADDRESS			5.3 STRE	ELA	ADDRESS						
CITY-ST-ZIP			5 4 CITY								
TITLE		☐ DELETE	6 1 TITLE					$\neg \neg \neg$	Change	Addition	
NAME			6.2 NAME						•		
STREET ADDRESS			6.3 STREI	HA	NOORESS						
CITY-ST-ZIP			64 CITY	sı.	, 7IP						

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/29/96 813-541-7023