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 # V01610 (7)

1. Corporation Name
BROOKS APPLIANCE & AIR CONDITIONING SERVICE, INC

Principal Place of Business	Mailing Address
2212 ANDREA LANE FT. MYERS FL 33912 US	14951 CANAAN DRIVE FT. MYERS FL 33908 US

3. Date Incorporated or Qualified: 12/18/1991
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-3097909 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 7011 Alico Road	26 7011 Alico Rd
22 Suite, Apt. #, etc. #3	27 Suite, Apt. #, etc. #3
23 City & State Fort Myers Fl	28 City & State Ft Myers Fl
24 Zip 33912 25 Country Lee	29 Zip 33912 30 Country Lee

9. Name and Address of Current Registered Agent

BROOKS, JOSEPH J.
14951 CANAAN DRIVE
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Joseph J Brooks
82 Street Address (P.O. Box Number is Not Acceptable): 8204 Pennsylvania Blvd
83
84 City: Ft Myer 85 FL Zip Code 33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation s 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: Joseph J. Brooks — DATE 8/16/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BROOKS, JOSEPH J.	
STREET ADDRESS	8204 PENNSYLVANIA BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Joseph J. Brooks — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 8/16 — Daytime Phone #