## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 713775 DOCUMENT #
1. Corporation Name

(5)

FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION , INC.

, INC.								
Principal Place	e of Business	Mailing Add	ress			I INDITI TORRI TIRRE FLISH INDITE IODI	il Bill Albil Bibis bibit dibit Albil B	₹ <b>₹</b> 11 1081
315 MELODY LA	NE	315 MELODY	LANE					
P.O. BOX 18045		P.O. BOX 180458 CASSELBERRY FL 32707-3256						
CASSELBERRY	FL 32707	CASSELBERK	1 FL 32/0/-3230	0		3. Date incorporated or Qualified 12/11/1967	3a. Date of Last Repo	ort
2. Principal P	ace of Business	2a. Mailing A	ddress			4. FEI Number	Applie	d For
21		26				4. FEI Number 59-1440713	<del> </del>	pplicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Add Fee Regui	
City & State		City & State				6. Election Campaign Financing	\$5.00 Ma	v Be
23		28				Trust Fund Contribution	Added to F	
Zip	Country	Zıp	Zip Country			B. This corporation has liability for		9.032,
24	25	29				Fiorida Statutes Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	ent Registered Age	ent	81	Niere	10. Name and Address of New I	Registered Agent	
				וסו	Name			
FICARROTTO, JANICE 315 MELODY LANE				82	Street A	oddress (P.O. Box Number is Not Acceptable)		
P.O. BO				83				
CASSEL	BERRY FL 32707			84	City		85 Zip Cod	le
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, F	lorida Statutes	the above	e-named o	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of changing its re	gistered
agent. I a	m familiar with, and accept the ob	ligations of, Section	617.0503, Florid	da Statutes	3.	Station a board of directors. This objector	opt the appointment as reg	iotoroo
SIGNATURE .								····
	Signature typed or printed name of registered		(NOTE: F		int signature r	equired when reinstating)	DATE	N 40
12.	PD OFFICERS A	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OF		Addition
TITLE	TAYLOR, RAY	<del></del>		1.1 TITLE			C cistille C	_ Addition
NAME	315 MELODY LANE			1.2 NAME	+DDDCCC			
STREET ADDRESS	CASSELBERRY FL			1.3 STREET				
CITY-ST-ZIP TITLE	VD VD		DELETE	1.4 CITY - S 2.1 TITLE	1 - ZiP	· · · · · · · · · · · · · · · · · · ·	Change L	Addition
	SOKOLOW, ELLIOT	L	_ bittere	2.1 HILE 2.2 NAME	ĺ		find provide fin	
NAME	315 MELODY LANE				ADDDCCC			
STREET ADDRESS	CASSELBERRY FL			2.3 STREET				
CITY-ST-ZIP TITLE	SD		DELETE	2.4 CITY-1	DI-LIF		Change	Addition
NAME	VIVONA, RUDY	_		3.2 NAME				
STREET ADDRESS	315 MELODY LANE			3.3 STREET	ADDRESS			
	CASSELBERRY FL			3.4. CITY - 1				
CITY-ST-ZIP TITLE	TD		DELETE	4.1 TITLE	or * EIF		☐ Change	Addition
NAME	DENNISON, LARRY	_	_ ·· · <del>·</del>	4. 2 NAME				
STREET ADDRESS	315 MELODY LANE			4.3 STREET	ADDRESS			
CITY-SI-ZIP	CASSELBERRY FL			4.4 CITY-S	1			
TITLE	D	Г	DELETE	5.1 TITLE			☐ Change	Addition
NAME	FICARROTTO, JANICE			5.2 NAME	İ			
STREET ADDRESS	315 MELODY LANE			5.3 STREET	ADDRESS			
CHY-SI-ZIP	CASSELBERRY FL			5.4 CITY-S				
TITLE			DELETE	6.1 TITLE	, ; E11		☐ Change	Addition
NAME		_	<del>-</del> · · · · · ·	6.2 NAME			· · · •	_ ' '
STREET ADDRESS				6.3 STREET	ADDRESS			
SIBLLI MUURESS				U.U DINCE!	UNDERSO			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name

**FILED** 

May 06 1997 8:00am

Secretary of State