

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736933 (3)
1. Corporation Name
SARASOTA COUNTY PLUMBING, HEATING & COOLING CONTRACTORS, INC.

Principal Place of Business Mailing Address
3880 MALEC CIRCLE **3880 MALEC CIRCLE**
SARASOTA FL 34233 **SARASOTA FL 34233**



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified
09/29/1976
4. FEI Number **59-1691895** 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WOLF, JON G.
6251 MANDARIN LANE
SARASOTA FL 34238

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

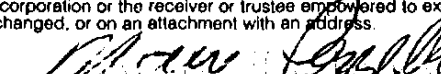
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE ☐ DELETE
1.2 NAME **PD KENNEL, JOHN**
1.3 STREET ADDRESS **5678 FRUITVILLE ROAD**
1.4 CITY-ST-ZIP **SARASOTA FL**
2.1 TITLE ☒ DELETE
2.2 NAME **VD ODDO, FRANK**
2.3 STREET ADDRESS **3956 S. TAMiami TR.**
2.4 CITY-ST-ZIP **VENICE FL 34283**
3.1 TITLE ☐ DELETE
3.2 NAME **SD WOLF, JON**
3.3 STREET ADDRESS **6251 MANDARIN LANE**
3.4 CITY-ST-ZIP **SARASOTA FL 34238**
4.1 TITLE ☐ DELETE
4.2 NAME **TD PEZZELLA, MARIO**
4.3 STREET ADDRESS **3880 MALEC CIRCLE**
4.4 CITY-ST-ZIP **SARASOTA FL 34233**
5.1 TITLE ☐ DELETE
5.2 NAME **VD WHITE, DONALD**
5.3 STREET ADDRESS **3631 COUNTRY PLACE BLVD**
5.4 CITY-ST-ZIP **SARASOTA FL**
6.1 TITLE ☐ DELETE
6.2 NAME **VD LETTERMAN, ROBERT**
6.3 STREET ADDRESS **P.O. BOX 12096 N/A**
6.4 CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **WILLIAM MILLIGAN**
2.3 STREET ADDRESS **4240 DEREK WAY**
2.4 CITY-ST-ZIP **SARASOTA, FL. 34233**
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D KEN JACKSON**
3.3 STREET ADDRESS **750 BELL RD**
3.4 CITY-ST-ZIP **SARASOTA, FL. 34240**
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 **PD**
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

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

SIGNATURE:  **MARIO PEZZELLA** 3-25-98 941-924 5228

CR2E037 (10/97)