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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736933**

1. Corporation Name

SARASOTA COUNTY PLUMBING, HEATING & COOLING CONTRACTORS, INC.

180835 - 90063 - 22

Principal Place of Business	Mailing Address
3860 MALEC CIRCLE SARASOTA FL 34233	3860 MALEC CIRCLE SARASOTA FL 34233

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/29/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1691895 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP D	☐ Change ☑ Addition
NAME	KENNELL, JOHN		1.2 NAME	ROBERT BLACK	
STREET ADDRESS	5678 FRUITVILLE ROAD		1.3 STREET ADDRESS	1613 HANSON ST	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLIGAN, WILLIAM		2.2 NAME		
STREET ADDRESS	4240 DEREK WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, JON		3.2 NAME		
STREET ADDRESS	6251 MANDARIN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEZZELLA, MARIO		4.2 NAME		
STREET ADDRESS	3860 MALEC CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	WHITE, DONALD		5.2 NAME		
STREET ADDRESS	3631 COUNTRY PLACE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	6.1 TITLE	PD	☑ Change ☐ Addition
NAME	LETTERMAN, ROBERT		6.2 NAME		
STREET ADDRESS	~~P.O. BOX 12098~~ N/A		6.3 STREET ADDRESS	164 GANTT RD	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA, FL 34233	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: JON SIGNATURE REQUIRED. Jon G. Wolf 2-24-99 941-924-1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #