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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078411 (4)

ALL STAR AIR CONDITIONING, HEATING, AND VENTILAT ION, INC.

Principal Place of Business
1055 WITHLACOOHEE ST
SACCTY HARROD EL 24606

Mailing Address

PO BOX 874

SAFETY HARBOR FL 34695-0874

## FILED Feb 06 1997 8:00am Secretary of State



US	JH FL 34690	SAFEIT HANDUM FL 34080	70014				
••					3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last 06/06/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3207157		Vot Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State	9	City & State		<del></del>	6. Election Campaign Financing		
23	•	28			Trust Fund Contribution		0 May Be I to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	angible tax under	s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Per	istered Agent	
PERRY, MARK L 1055 WITH LA COO HEE ST				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
SAF	ETY HARBOR FL 24195		-				
			*	33			
			Ĩ	34 City		FL 85 Zi	o Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was a	uthorized	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing t the appointment a	its registered is registered
SIGNATURE	Signature typoid or printed name of registered.	agent and title if applicable. (NOTI	: Repistered	Agent signature regu	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	P	DELETE	1,1 TITL	E		Change	Addition
NAME	PERRY, MARK		1.2 NAM	AE			
STREET ADDRESS	1055 WITHLACOOHEE ST		1.3 STR	EET ADORESS			
CITY-S1-ZIP	SAFTY GARBOR FL		1.4 CITY	/-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	E		☐ Change	Addition
NAME			2.2 NAM	Æ .			
NAME STREET ADDRESS			I.	EET ADDRESS			
1			2 3 STR 2 4 CIT	EET ADORESS Y-ST-ZIP			
STREET ADDRESS		DELETE	2 3 STR	EET ADORESS Y-ST-ZIP	A. 4. (1987) - 1. (1987) - 1. (1987) - 1. (1987) - 1. (1987) - 1. (1987) - 1. (1987) - 1. (1987) - 1. (1987)	Change	e Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	23 STR 2 4 CIT 31 TITL 32 NAM	EET ADORESS Y-ST-ZIP E		Change	e Addition
STREEL ADDRESS CITY-SI-ZIP TITLE		☐ DELETE	23 STR 2 4 CIT 31 TITL 32 NAM	EET ADDRESS Y-ST-ZIP E		Change	e Addition
STREEL ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-7IP			2 3 STR 2 4 CIT 3 1 TITL 3 2 NAN 3 3 STA 3 4 CIT	EET ADDRESS Y+ST-ZIP E AE EET ADDRESS Y+ST-ZIP			
STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	23 STR 2 4 CIT 31 TITL 32 NAM 33 STA 34 CIT 4.1 TITL	EEY ADDRESS Y-ST-ZIP  E ME EET ADDRESS Y-ST-ZIP E		Change	
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STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS			2 3 STR 2 4 CIT 3 1 TITL 3 2 NAM 3 3 STA 3 4 CIT 4.1 TITL 4. 2 NAM 4.3 STR	EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS			
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Too nevery certify that the information supplied with this filling does not clearly for the exemption stated in Section 119.07(3)(i), ribrida statutes. Fitting 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; the 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 laddress.

SIGNATURE:

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/56

(913) 776-7050