

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 623687 (1)
1. Corporation Name
TOMMY'S TRANSMISSION AND AIR CONDITIONING, INC.

Principal Place of Business Mailing Address
1130 S. US #1 VERO BEACH FL 32962 **1130 S. US #1 VERO BEACH FL 32962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1979** 5a. Date of Last Report **06/07/1994**
4. FEI Number **65-0174200** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**HARE, THOMAS E.
118 S.E. 11TH STREET
VERO BEACH FL 32962**

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 607.0502 and 607.1504, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed in printed name of registered agent and the corporation)

(Signature typed in printed name of registered agent and the corporation)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HARE, THOMAS E.**
STREET ADDRESS **118 S.E. 11TH STREET, SE**
CITY ST ZIP **VERO BEACH FL**

TITLE **ST**
NAME **HARE, DEANNE J.**
STREET ADDRESS **118 S.E. 11TH STREET, SE**
CITY ST ZIP **VERO BEACH FL**

TITLE **V**
NAME **HARE, THOMAS G.**
STREET ADDRESS **118 S.E. 11TH STREET, SE**
CITY ST ZIP **VERO BEACH FL**

TITLE **AV**
NAME **GAGER, WARREN, E**
STREET ADDRESS **1850 S US #1 LOT 234**
CITY ST ZIP **VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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

**No longer a officer
of the corp.**

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

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 110.07(3)(b), 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 attached sheet with an addressee.

SIGNATURE:

Deanne J. Hare **Deanne J. HARE**

4-27-95 407562-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Printed)