

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Natalie B. Myrmar  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

45 MAY -1 AM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 527536**

(7)

1. Corporation Name:

**ACCURATE AIR CONDITIONING AND MECHANICAL, INC.**

Principal Place of Business:

3901 48TH AVENUE N.  
ST. PETERSBURG FL 33714-2907

Mailing Address:

3901 48TH AVENUE N.  
ST. PETERSBURG FL 33714-2907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 Suite, Apt. # or:

22 City & State:

23

24

26 Mailing Address:

27 Suite, Apt. # or:

28 City & State:

29

30

3. Date Incorporated or Qualified: **03/10/1977** 3a. Date of Last Report: **06/03/1994**

4. FEI Number: **59-1724473** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required:

6. Election Campaign Financing Fund Contribution:  **\$5.00** May Be Added to Fees:

7. This corporation has liability for intangible tax under § 199.02: Florida Statutes:  Yes:  No:

## 9. Name and Address of Current Registered Agent

JONES, ROBERT I.  
3800 47TH AVE. NORTH  
ST. PETERSBURG FL

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 607.1502 and 607.1508, 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 requirements of Section 607.1508, Florida Statutes.

## SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
12-A	<b>STD</b> NAME: STONE, JEAN M ADDRESS: 3800 47TH AVENUE NORTH ST. PETERSBURG FL	13-A 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-B	<b>PD</b> NAME: JONES, ROBERT I ADDRESS: 5366 58TH AVENUE NORTH ST. PETERSBURG FL	13-B 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-C	<b>VD</b> NAME: JONES, CHARLES A. ADDRESS: 5366 58TH AVENUE NORTH ST. PETERSBURG FL	13-C 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-D		13-D 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-E		13-E 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-F		13-F 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-G		13-G 1 NAME 1 ADDRESS 1 DATE 5/1/95
12-H		13-H 1 NAME 1 ADDRESS 1 DATE 5/1/95

14. I hereby certify that the information supplied with this is voluntarily furnished and does not qualify for the exemption stated in Section 197.01(6), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath that I am an officer or director of the corporation or the recorder of this instrument to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address.

**SIGNATURE:**

CHARLES A. JONES  
NAME AND TITLE OR NAME OF SIGNATORY DIRECTOR

4/28/95 8/13/5020213  
Date Date Printed

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martineau  
Secretary of State  
Department of State, Tallahassee, FL 32301-0001

APPROVED  
(Signature)

DOCUMENT # 532573

(3)

05/01/03

ECONO POOL, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation	Mailing Address	
4196 SOUTH UNIVERSITY DAVIE FL 33328	4196 SOUTH UNIVERSITY DAVIE FL 33328	
2. Mailing Address		
21	26	28. Mailing Address
22	27	29. City & State
23	28	30
3. Name and Address of Current Registered Agent		
CALDARONE, VINCENT JR 4196 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328		
4. FEI Number		
65-0030286		
5. Certificate of Status Desired		
6. Election Campaign Financing Trust Fund Contribution		
7. This corporation has authority to do business tax under or Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. Name and Address of New Registered Agent		
91. Name		
92. Street Address (P.O. Box Number is Not Acceptable)		
93.		
94. City <span style="float: right;">95. Zip Code</span>		

PRINT IN WHITE IN THIS SPACE

3. Date Incorporated or Organized 38. Date of Last Report  
**04/28/1977** **05/01/1994**

4. FEI Number Applied For  
Not Applicable  
**65-0030286**

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. This corporation has authority to do business tax under or  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0702 and 607.1508, Florida Statutes, the above named corporation submits the 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 shareholders' Decree of Directors, whereby elected the appointment as registered agent. I am  
hereby signing and accepting the adoption of the above by the Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A) 12	
P		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CALDARONE, VINCENT JR		2. NAME	
4196 SOUTH UNIVERSITY		3. STREET ADDRESS	
DAVIE, FL 00000		4. CITY & STATE	
ST		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BELINA, MARLEEN J.		6. NAME	
4196 S. UNIVERSITY		7. STREET ADDRESS	
DAVIE FL		8. CITY & STATE	
		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	
		11. NAME	
		12. NAME	
		13. STREET ADDRESS	
		14. CITY & STATE	
		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		16. NAME	
		17. NAME	
		18. STREET ADDRESS	
		19. CITY & STATE	
		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21. NAME	
		22. NAME	
		23. STREET ADDRESS	
		24. CITY & STATE	
		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		26. NAME	
		27. NAME	
		28. STREET ADDRESS	
		29. CITY & STATE	

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and done not qualify for the exemption included in section 119.06(1)(b), Florida Statutes. I further declare that the information indicated in the annual report or supplemental annual report is true and accurate and that my signature shall cause this document to become effective if made under oath. That I am specifically authorized by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appearing on Block 1, or Block 1A, is changed, or on an attachment with an address.

**SIGNATURE:** *Marlene J Belina, MARLEEN J BELINA* **4-27-95** **(305)475-1450**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR