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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 631731
1. Corporation Name
ACE REFRIGERATION AND AIR CONDITIONING OF SOUTH
WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2940 WALPEAR ST #3 FORT MYERS FL 33916	2940 WALPEAR STREET #3 FT. MYERS FL 33916-7531 US

3. Date Incorporated or Qualified 3-28-83	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business		2a. Mailing Address	
21	705 HENRY AVENUE Suite, Apt. #, etc.	26	705 HENRY AVENUE Suite, Apt. #, etc.

4. FEI Number	Applied For
59-2268032	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

City & State		City & State	
23	LEHIGH ACRES FL	28	LEHIGH ACERS FL
Zip		Zip	
24	33936	29	33936
Country		Country	
25		30	

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

9. Name and Address of Current Registered Agent

EDWARDS, JAMES DELL
705 HENRY AVENUE
LEHIGH ACRES FL 33838

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE	P	<input type="checkbox"/> DELETE
NAME	EDWARDS, JAMES DELL	
STREET ADDRESS	705 HENRY AVE	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEVIS, NEIL	
STREET ADDRESS	3276 62 ND AVENUE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	Y	<input type="checkbox"/> DELETE
NAME	BEVIS, CAROLE	
STREET ADDRESS	3276 62ND AVENUE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDWARDS, DEBRA ANN	
STREET ADDRESS	705 HENRY AVE	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	8000002659728
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dai

Daytime Phone

0401423