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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	CONT.		DIVISION OF	CORPOR	RATIO	ino.					
	MENT #	20155	3	(5)	,							
Corporation INDO	OR COMFORT	, INC.						1 140110 11011	0.010	lugga call gada	1 8 9 2 8 8 1	1841 6 1911 81919 181
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ncipal Place			Ma	ailing Address								
1539 MONTANA AVE. P.O. BOX 5972 JACKSONVILLE FL 32247			1539 MONTANA AVE. P.O. BOX 5972 JACKSONVILLE FL 32247									
0/10/100/11				VIOLOGIA ELECTRICA				3. Date Incorporate 04/12/19		3a. Da	te of Last R 05/01/1	
Principal Pla	ace of Business		2a. 26	Mailing Address	_,			4. FEI Number 59-090	3116			Applied For Not Applicabl
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Sta	itus Desired			Additional Required
City & State			28	City & State				6. Election Campai Trust Fund Cont				O May Be d to Fees
Z ip	Co	untry		Zip	Cou	untry		8. This corporation	has liability for	intangible i	tax under s	199.032,
	25		29		30	·		Florida Statutes		□ No		
	9. Name and A	ddress of Current	Hegis	erea Agent		81	Name	10. Name and Add	ress of New I	registered	Agent	
KEHV	, HAROLD A., JR	1				Ш						
	, HANDLD A., JA GREENRIDGE RD					82	Street Add	ress (P.O. Box Number i	s Not Acceptal	ole)		
	SONVILLE FL 322					83						
	· · · · · · · · · · · · · · · · · · ·					84	City				leel 7	n Code
						04	City			FL	_ 85 Zi	p Code
	ed agent, or both, in h, and accept the o	sections 607.0502 a the State of Florida bligations of, Sectio	and 60 a. Such on 607.0	7.1508, Florida Statute charige was authorize 0505, Florida Statutes.	s, the abo	ove-na corpo	amed corpo ration's boa	pration submits this stater and of directors. I hereby	ment for the pu accept the app	rpose of ch ointment a	nanging its i s registerec	registered offi Lagent. Lam
NATURE _	Signature, typed or printed i		nd title il a	ppil cable. (NOT				oration submits this stater ard of directors. I hereby ad when reinstating: ADDITIONS/CHA		DATE		
NATURE _	Signature, typed or printed i	name of registered agent a OFFICERS AND	nd title il a	ppil cable. (NOT	E Registered	d Agent		ed when rainstating)		DATE		DRS IN 12
NATURE	Skynature, typed or printed or PD KELLY, JR.,	name of registered agent an OFFICERS AND HAROLD A.	nd title il a	pril cable. (NOT	13. 1.1 T	d Agent TITLE NAME	signature require	ed when rainstating)		DATE	D DIREC C	DRS IN 12
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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 cath; 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:

SIGNATURE AND TYPED ON PRINTED NAME SIGNING OFFICER ON DIRECTOR

SIGNATURE AND TYPED ON PRINTED NAME SIGNING OFFICER ON DIRECTOR