

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

APPROVED
7/10/94
FLO

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tandra B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **539867** (2)
1. Corporation Name
TRI COUNTY AIR CONDITIONING-HEATING, INC.

07/22/1994
10:15 AM
TALLAHASSEE, FLORIDA

Principal Place of Business
**580 CENTRAL AVE.
P O BOX 817
NOKOMIS FL 34278-2647
US**

Mailing Address
**580 CENTRAL AVE.
P O BOX 817
NOKOMIS FL 34278-2647
US**

(DO NOT WRITE IN THIS SPACE)

2. Incorporation Date of Report 21 07/22/1977		2a. Mailing Address 26 580 CENTRAL AVE. P O BOX 817 NOKOMIS FL 34278-2647 US		3. Date Inc. Operator(s) Qualified 07/22/1977	3a. Date of Last Report 03/10/1994
22. State of Incorporation 27 FL		23. City or County 28 NOKOMIS		4. FID Number 59-1851541	Applied For ☐ Not Applicable
24. Country 25 US		29. Country 30 US		5. Certificate of Status Issued ☐	\$8.75 Additional Fee Required
26. Country 27 US		28. Country 29 US		6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
24. Country 25 US		29. Country 30 US		8. Does corporation have liability to comply with Florida Statute, 1991/93?	

9. Name and Address of Current Registered Agent SWANSON, WILLIAM 580 CENTRAL AVE. NOKOMIS FL 34275		10. Name and Address of New Registered Agent	
81. Name		82. Street Address, if not a P.O. Box or Post Office	
83. City or County		84. State	
85. Zip Code		86. Country	

11. If the corporation is a foreign corporation, it must file a copy of its certificate of incorporation with the Department of State. If the corporation is a domestic corporation, it must file a copy of its certificate of incorporation with the Department of State. If the corporation is a foreign corporation, it must file a copy of its certificate of incorporation with the Department of State. If the corporation is a domestic corporation, it must file a copy of its certificate of incorporation with the Department of State.

12. Name of Officer or Director	13. Address of Officer or Director	14. Signature of Officer or Director
PD SWANSON, WILLIAM 580 CENTRAL AVE. NOKOMIS FL	SWANSON, WILLIAM 580 CENTRAL AVE. NOKOMIS FL	
V SWANSON, WILLIAM S 580 CENTRAL AVE. NOKOMIS FL	SWANSON, WILLIAM S 580 CENTRAL AVE. NOKOMIS FL	
S SULLIVAN, WILLIAM 580 CENTRAL AVE. NOKOMIS FL	SULLIVAN, WILLIAM 580 CENTRAL AVE. NOKOMIS FL	

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that I am a duly qualified officer or director of the corporation. I understand that the information supplied with this report is subject to audit by the Department of State. I understand that the information supplied with this report is subject to audit by the Department of State. I understand that the information supplied with this report is subject to audit by the Department of State.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

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/APPROVED

RENEWAL STATE OF
FLORIDA



STATE OF FLORIDA

1995

DOCUMENT # 546699

(0)

JO GREEN, INC.

190 SHERWOOD FOREST DR
~~STE 315~~
DELRAY BEACH FL 33445
US

190 SHERWOOD FOREST DR
~~STE 315~~
DELRAY BEACH FL 33445
US

3. 08/18/1977 3a. 04/29/1994

4. 59-2698716

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

21. 190 SHERWOOD FOREST DR 26. 190 SHERWOOD FOREST DR

22. 27. DELRAY BEACH FL 33445 28. DELRAY BEACH FL

24. 33445 25. USA 29. 33445 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, JO
190 SHERWOOD FOREST DR
SUITE 315
DELRAY BEACH FL 33445

81. 82. 83. 84. FL 85.

11. The undersigned hereby certifies that the information furnished herein is true and correct and that the person named as the registered agent is a resident of the State of Florida and is qualified to receive service of process on behalf of the corporation.

12. PST
GREEN, JO
190 SHERWOOD FOREST DR
DELRAY BEACH FL

13. APPROVED: [Signature] X

33445 (ADD ZIP2)

SIGNATURE:

Jo Green

JO GREEN

5-15-95

407-495-1981