

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 539867 (2)

1. Corporation Name

TRI COUNTY AIR CONDITIONING-HEATING, INC.

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 34274-0817  
US

3. Date Incorporated or Qualified

07/22/1977

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1080 Enterprise Court

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City &amp; State

23 Nokomis, FL

City &amp; State

27

24

Zip

34275

Country

25 Sarasota

Zip

29

Country

30

4. FEI Number

59-1851541

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

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 (P.O. Box Number is Not Acceptable)

1080 Enterprise Court

83

84 City

Nokomis

FL

85 Zip Code

34275

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SWANSON, WILLIAM  
STREET ADDRESS 580 CENTRAL AVE.  
CITY- ST- ZIP NOKOMIS FL  
☐ DELETETITLE V  
NAME SWANSON, WILLIAM S  
STREET ADDRESS 580 CENTRAL AVE.  
CITY- ST- ZIP NOKOMIS FL  
☐ DELETETITLE S  
NAME SULLIVAN, WILLIAM  
STREET ADDRESS 580 CENTRAL AVE.  
CITY- ST- ZIP NOKOMIS FL  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1080 Enterprise Court  
1.4 CITY- ST- ZIP  
☒ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1080 Enterprise Court  
2.4 CITY- ST- ZIP  
☒ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1080 Enterprise Court  
3.4 CITY- ST- ZIP  
☒ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
☐ Change ☐ Addition

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

William S. Swanson

941 485-2222

Date

Daytime Phone #

CR2E034 (9/96)