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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	1990	5 517181814 61						
DOCU 1. Corporation	MENT # 59418	2 (8)						
	TIVE COMFORT, INC.							
Principal Place	e of Business	Mailing Address			I \$4000 QIIIQ \$465 QIQQI XIQQI QU	10 1101 WIDIN DIR 71	· BIÐII ÐIÐII ÐIÐII ÐIÐII I	461
2555 BLACKBURN ST.		2555 BLACKBURN ST.						
CLEARWAT	ER FL 34623-4006	CLEARWATER FL 346	23-4006					
					3. Date Incorporated or Qualified 11/27/1978		of Last Report 1/21/1995	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-1865429		Applied For Not Applica	able
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	11	
22 Cdv & Stat	to .	27 City & State			8. Election Campaign Financing		\$5.00 May Be	
Zip	Country	Zip	Count	~	Trust Fund Contribution		Added to Fees	
24	25	29	30	y	This corporation has liability for Florida Statutes	intangible tax S X No	under s 199.032,	
<u>.</u> .	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F		gent	
BECKE	R, FRED		8	Name				
	AGLES LANDING E		8:	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
CLEAR	WATER, FL LP 34621		8:	 				
			84	1 63				
44 ()				1		FL	85 Zip Code	
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid	and 607.1508, Florida Statute a. Such change was authorize	is, the above	named corpo	oration submits this statement for the pur	pose of chan-	ging its registered o	ffice
familiar wr	th, and accept the obligations of, Section	on 607.0505, Florida Statutes.	, a cy 1, 10 001	DOIGHOFT'S DO	oration submits this statement for the purard of directors. I hereby accept the app	ointment as re	gistered agent. I an	n
SIGNATURE _	Signature, typed or printed name of registered agent a				ed when reinstating ¹			_
12.	OFFICERS AND	CERS AND DIRECTORS		in agra dre requir	ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	IDECTORS IN 10	
TITLE	PD BECKER, FRED	☐ DELETE	1. 1 TITLE				Change Addition	on .
NAME STREET ADDRESS	3068 EAGLES LANDING E		1.2 NAME	1		_		i
CITY-ST-ZIP	CLEARWATER FL		1.3 STREE	T ADORESS				
TITLE	V DELETE		1.4 CITY-ST-ZIP					
NAME	BECKER, ELAINE		2 1 TITLE 2.2 NAME				Change Additio)(i
STREET ADDRESS	3068 EAGLES LANDING E		2.2 NAME 2.3 STREET	ADDRESS				
CITY+S1-ZIP	CLEARWATER FL		24 CITY - 5					
TITLE		DELETE	3. 1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		רז	Change Addition	
NAME			3.2 NAME	j			Strongs Addition	"
STREET ADDRESS			3.3. STREE	ADDRESS				
TITLE		ET DOLLAR	3 4 CITY - S	T-ZIP				1
NAME		DELETE	4. 1 TITLE	İ			Change 🔲 Addition	n
STREET ADDRESS			4.2 NAME	1000000				ĺ
CHY-SI-ZIP			4.3 STREET					
TITLE		☐ DELFTE	4.4 CHY-S	1 - 2 IF			banga [] 442::	
NAM!			5.2 NAME	ļ		LJ (Change	'
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5 4 CITY - S	1 - ZIP				
TITLE		☐ DELETE	6. 1 TITLE				hange	,
NAME STREET ADDRESS			6 2 NAME				- 	
CITY-ST-ZIP			6 3 STREET					
On all			6.4 CITY - S1	1-ZIP				- 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

48ET 2PT E18