

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PH 1:26

DOCUMENT # 633438

(7)

1. Corporation Name

MR. TOM'S AUTO AIR, INC.

Principal Place of Business

1901 N. DIXIE HIGHWAY
POMPANO BEACH FL 33060-5045

Mailing Address

1901 N. DIXIE HIGHWAY
POMPANO BEACH FL 33060-5045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1979

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1827241

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WYLIE, STEVEN W
1901 N DIXIE HWY
POMPANO BEACH FL

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 of current registered agent and if not applicable)

(Signature of registered agent or registered office) (If not applicable)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WYLIE, STEVEN W
STREET ADDRESS	11220 NW 36TH ST
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	ST
NAME	WYLIE, CONNIE M
STREET ADDRESS	11220 NW 36TH ST
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and accurate for the exemption stated in Section 190.032(1)(b), 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. I am an officer or director of the corporation or its successor or transferee or authorized representative 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 attached sheet with an address.

SIGNATURE:

Steve Wylie

Steve Wylie

1-10-95 305942-8920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Signature Printed Name