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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710811

1. Corporation Name

AIR CONDITIONING CONTRACTORS ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

315 MELODY LANE
P O BOX 180458
CASSELBERRY FL 32718

Mailing Address

315 MELODY LANE
P O BOX 180458
CASSELBERRY FL 32718



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/29/1966

4. FEI Number

59-2766734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FICARROTTO, JANICE
315 MELODY LANE
CASSELBERRY FL 32718-7458

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **VIVONA, RUDY**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **C** ☐ DELETE
NAME **BRIGHT, CHRIS**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **P** ☐ DELETE
NAME **ENGLE, CHRISTIAN**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☐ DELETE
NAME **FORTIN, RICHARD**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL 32718**

TITLE **D** ☐ DELETE
NAME **FICARROTTO, JANICE**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☐ DELETE
NAME **GALLETI, MIKE**
STREET ADDRESS **315 MELODY LANE**
CITY-ST-ZIP **CASSELBERRY FL 32718**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **KEN BODWELL**
1.3 STREET ADDRESS **315 MELODY LANE**
1.4 CITY-ST-ZIP **CASSELBERRY, FL 32718**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **C** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VPD** ☒ 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 **STD** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

407-260-2212

CR2E037 (11/98)