

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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F26072

(1)

1. Corporation Name

SUPERB HEATING & AIR CONDITIONING OF SOUTHWEST F
LORIDA, INC.



Principal Place of Business

4084 ARNOLD AVE.
UNIT 4
NAPLES FL 33942
US

Mailing Address

C/O FRED L GILLETTE
890 NOTTINGHAM DR
NAPLES FL 34109-1640

3. Date Incorporated or Qualified
03/13/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 4084 Arnold Avenue

4. FEI Number

59-2076176

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

Unit 4

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

29 Naples FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

34104

30

Collier

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GILLETTE, FRED L
5801 PELICAN BAY BLVD, SUITE 405
NAPLES, FLORIDA
33940

10. Name and Address of New Registered Agent

81 Name

John Paulich III

82 Street Address (P.O. Box Number is Not Acceptable)

Paulich, Slack & Wolff

83 2150 Goodlette Road, 6th Floor

84 City

Naples

FL

85 Zip Code
34102

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/97

12. OFFICERS AND DIRECTORS

TITLE DS
NAME SONDERMAN, DIANA A
STREET ADDRESS 890 NOTTINGHAM DR
CITY-ST-ZIP NAPLES, FL 00000 ☐ DELETE

TITLE DP
NAME SONDERMAN, KENNETH A
STREET ADDRESS 890 NOTTINGHAM DR
CITY-ST-ZIP NAPLES, FL 00000 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 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, changed, or on an attachment with an address.

SIGNATURE:

Diane Sonderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-19-97

Daytime Phone #

643-5111

0414445

CR2E034 (9/96)