

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F62886** (9)

1. Corporation Name

SEA GULL AIR CONDITIONING AND SERVICE, INC.



Principal Place of Business

Mailing Address

**315 COMMERCE WAY
P O BOX 1212 (334681212)
JUPITER FL 33458**

**315 COMMERCE WAY
P O BOX 1212 (334681212)
JUPITER FL 33458**

3. Date Incorporated or Qualified
01/12/1982

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-2168528

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

8. This corporation has liability for filing this report under S. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMGLIA, JOSEPH P
315 COMMERCE WAY
JUPITER FL 33458**

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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

11 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP
**PD
SIMGLIA, JOSEPH P
17537 DOGWOOD TRAIL
JUPITER, FL 00000**

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE NAME ☐ DELETE

21 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP
**VST
SIMGLIA, JOSEPH P
17537 DOGWOOD TRAIL
JUPITER, FL 00000**

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE NAME ☐ DELETE

31 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE NAME ☐ DELETE

41 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE NAME ☐ DELETE

51 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE NAME ☐ DELETE

61 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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 119.04(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 that made under oath. 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 561-7471968

CR2E034 (3/96)