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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F62886

(9)

SEA GULL AIR CONDITIONING AND SERVICE, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



| 315 COMMERCE <u>WAY</u> R-Q-BOX-1212 (334681212) JUPITER FL 33458 | | 315 COMMERCE WAY R.O. BOX 1212 (894881212) JUPITER FL 33458-5527 | | 3. Date Incorporated or Qualified 01/12/1982 | | e of Last F 2/1996 | Report | | |
|---|--|--|--------------------------|--|--|--------------------------------|---------------------------|------------------------------|--|
| 2. Principal Pla | ace of Business | 2s. Mailing Address | | | 4. FEI Number | | | pplied For | |
| 21 318 Commercia way 26 3/5 Commercis | | | | nu | 59-2168528 | | | lot Applicable | |
| Stute, Apt | , etc. | Suite, Apt. #, etc. | - | 7 | 5. Certificate of Status Desired | | \$8.75 | Additional tequired | |
| City & State | Tr- Fl | _City & State 28 /VO/TITO | pl | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | |
| ZID 2433458 | Country 25 USA | 29 33458 3 | Country | 10 | 8. This corporation has liability for i Florida Statutes | <i>c</i> | tax under t | s. 199.032, | |
| | 9. Name and Address of Current | Registered Agent | | 7 | 10. Name and Address of New Re | gistered # | .gent | | |
| | GLIA, JOSEPH P | | 81 | Name | | | | i | |
| | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JUP(| TER FL 33458 | | | | | | | <u> </u> | |
| | | | 83 | | | | | | |
| | | | 84 | City | | | 85 Zip | Code | |
| | | | | | | <u>FL</u> | | | |
| office or re | o the provisions of Sections 607.0502 egistered agent or both, in the State on familiar with, and accept the obligat | of Florida. Such change was au | thorized by | y the corpore | rporation submits this statement for the p ation's board of directors, I hereby accep | urpose of the appo | changing i pintment as | its registered registered | |
| SIGNATURE | | | | | | | | | |
| 12. | Signature Typed or printed name of registered agent OFFICERS AND | | 13. | per erutarigia line | uired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE EDS AND | DIRECTO | 05 IN 12 | |
| TifLE | PD | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFIC | CHO AND | Change | RS IN 12 | |
| NAME | SIVIGLIA, JOSEPH P | La Decere | 1.2 NAME | | | | C. Citaligo | | |
| STREET ADDRESS | 17537 DOGWOOD TRAIL | | | ADDRESS | | | | | |
| | JUPITER, FL 00000 | | | | | | | | |
| CITY -ST - ZIP TITLE | VST | DELETE | 1.4 CITY-S 2.1 TITLE | ST-ZIP | | | Change | Addition | |
| NAME | OUTOUT TOOPNIED | | 2.2 NAME | - 1 | | | C Change | | |
| | 17537 DOGWOOD TRAIL | | | ADDDCCC | 'E' | | | ł | |
| STREET ADDRESS | JUPITER, FL 00000 | | | ADDRESS | | | | ŀ | |
| CHY+ST+ZIP THLE | 001 II CI, 1 C 00000 | DELETE | 2. 4 CITY- 3.1 TITLE | SI-ZIP | | | Change | Addition | |
| | | E'' DECEME | 3.2 NAME | . | | | L.J. Onlingo | | |
| NAME CTOSCY ADDROGO | | | | | | | | ļ | |
| STREET ADDRESS | | | 3.3 STREET | | | | | | |
| CHY-ST ZIP | | DELETE | 3.4. CITY - 4.1 TITLE | 51-ZIP | | | Change | Addition | |
| NAME | | - Defete | 4.1 HILE | | | | | - idontroit | |
| STREEL ADDRESS | | | | T ADDRESS | | | | | |
| ,, | | | 1 | | | | | | |
| CITA - ST - ST. | | ☐ DELETE | 4.4 CITY-1 | DI - LIF | , | | Change | ☐ Addition | |
| NAME | | | 52 NAME | | | | p_ | | |
| STHEET ADDRESS | | | | T ADDRESS | | | | | |
| CHY-ST-ZP | | | 5.4 CITY- | | | | | | |
| 1111. | | DELETE | 6.1 TITLE | 31 (61) | 1,1117-111111-11111-11111-11111-11111-11111-1111 | | Change | Addition | |
| NAME | | _ | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 1 | I ADDRESS | | | | | |
| CITY-ST-ZIP | Λ | | 6.4 CITY- | | | | | | |
| 14. I do heret | by certify that the information supplyd | with this filing does not qualify | for the exe | emption state | ed in Section 119.07(3)(i), Florida Statute | s. I further | certify tha | t the | |
| informatio | n indicated on this annual report sufficer or director of the corporation of | applemental annual report is true the receiver or trustee empowe | ie and acc red to exe | urate and the | at my signature shall have the same lega ort as required by Chapter 607, Florida S | l effect as | if made u | nder oath: that I | |
| appears in | n Block 12 or Block /3 if changed, or | on an attachment with an addre | ess | 1 | | 16 | / | | |
| 0101147 | upe Klis | | цар | OK. 1.1 | · Uh-lon | 7//~ | 10/10 | | |
| SIGNAT | HE HIGHER HIS TYPED ON | PRINTED NAME OF SIGNING OFFICER O | R DIRECTOR | ון איזאג | A (/) | 171 | /76 & lytime Phone # | | |