

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

DOCUMENT # F66885

(7)

95 MAR -8 PM 3:04

1. Corporation Name

SUMMIT AIR CONDITIONING, INC.

Principal Place of Business

% LEO P. ZUBRISKI, JR.
7001 NORTON AVE. STE. 9
WEST PALM BEACH FL 33405

Mailing Address

% LEO P. ZUBRISKI, JR.
7001 NORTON AVE. STE. 9
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1982

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2167338

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 intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

ZUBRISKI, LEO P., JR.
4864 SUMMIT BLVD.
WEST PALM 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

(Print, type or printed name of registered agent and third applicable)

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

1001

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
ZUBRISKI, LEO P JR
4864 SUMMIT BLVD
W PALM BCH, FL 00000

1002

NAME

STREET ADDRESS

CITY - ST - ZIP

VST
ZUBRISKI, BARBARA A
4864 SUMMIT BLVD
W PALM BCH, FL 00000

1003

NAME

STREET ADDRESS

CITY - ST - ZIP

1004

NAME

STREET ADDRESS

CITY - ST - ZIP

1005

NAME

STREET ADDRESS

CITY - ST - ZIP

1006

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information submitted 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 if changed, or on an attachment with an addition.

SIGNATURE:

Barbara A. Zubriski Barbara A. Zubriski 2/27/95 407 582 3390

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Signature (Print)