

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F96000006302**

1. Corporation Name
CUSTOM AIR CONDITIONING, INC.

Principal Place of Business

**840 JUPITER PARK DR
#110
JUPITER FL 33458
US**

Mailing Address

**P O BOX 1835
JUPITER FL 33468
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

62-1662334

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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

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 **P** ☐ DELETE

NAME **PHILLIPS, VIRGINIA**
STREET ADDRESS **840 JUPITER PARK DR, #110**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **SD** ☐ DELETE

NAME **SCHOFIELD, ANTHONY**
STREET ADDRESS **SIX CADILLAC DR, STE 400**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE **C** ☐ DELETE

NAME **SELMAN, LOU**
STREET ADDRESS **840 JUPITER PARK DR, #110**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ DELETE

NAME **SELBECK, ALAN**
STREET ADDRESS **SIX CADILLAC DR, STE 400**
CITY-ST-ZIP **BRENTWOOD TN 37027**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

Taylor III, Alfred W.
Six Cadillac Drive, Suite 400
Brentwood, TN 37027

V

Laderman, Louis N.
Six Cadillac Drive, Suite 400
Brentwood, TN 37027

S

Triplett, C.E.
Six Cadillac Drive, Suite 400
Brentwood, TN 37027

DV

Sielbeck, Alan
Six Cadillac Drive, Suite 400
Brentwood, TN 37027

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 607, 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: Virginia Phillips 1-20-99 561-7477869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90226 013 ***150.00



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