


FILED
Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004692

1. Corporation Name
SERVICE EXPERTS OF CLEARWATER, INC.

Principal Place of Business
**2036 WEAVER PARK DRIVE
 CLEARWATER FL 33725**

Mailing Address
**2036 WEAVER PARK DRIVE
 CLEARWATER FL 33725**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

62-1749453

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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
CT Corporation System
 82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 83
 84 City
Plantation **FL** 85 Zip Code
33324

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 Mary RadamsAssistant Secretary

DATE

4.30.99

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	SIELBECK, ALAN R	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ANTHONY M	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, ALFREY W III	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LADERMAN, LOUIS	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TRIPLETT, ED	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIELBECK, ALAN R.	
1.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
1.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KEN CHOCO	
6.3 STREET ADDRESS	2036 WEAVER PARK DRIVE	
6.4 CITY-ST-ZIP	CLEARWATER, FL 33725	

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: Ken Choco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Choco2/24/99

(813)442-1148

Daytime Phone #

CR2E034 (1/1/98)