

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

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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H49763** (6)
1. Corporation Name
AIR COMMAND AIR CONDITIONING AND HEATING, INC.



Principal Place of Business Mailing Address
% ALFRED MENTH
7004-65TH WAY. N.
PINELLAS PARK FL 34665-4009

3. Date Incorporated or Qualified **03/22/1985** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **7101 - 49th St. N.** 26 **7101 - 49th St. N.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
23 **Pinellas Park, FL** 28 **Pinellas Park, FL**
Zip Country 29 **33708** 30 **USA**
25 **Pinellas Co**

4. FEI Number **59-2519212** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MENTH, ALFRED
4523-37TH AVE., N.
ST. PETERSBURG FL 33713
B1 Name **Menth, Alfred**
B2 Street Address (P.O. Box Number is Not Acceptable)
7101 - 49th St. N.
B3
B4 City **Pinellas Park** FL B5 Zip Code **33781**

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 re-appointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MENTH, ALFRED			12 NAME			
STREET ADDRESS	232 BATH CLUB BLVD. N			13 STREET ADDRESS			
CITY-ST-ZIP	N REDINGTON BEACH FL			14 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MENTH, DARLENE			22 NAME			
STREET ADDRESS	232 BATH CLUB BLVD. N			23 STREET ADDRESS			
CITY-ST-ZIP	N REDINGTON BEACH FL			24 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BULMANSKI, R.H.			32 NAME			
STREET ADDRESS	5600-25TH AVE., N.			33 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			34 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BULMANSKI, ANN			42 NAME			
STREET ADDRESS	5600-25TH AVE., N.			43 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Darlene M. Menth* **Darlene M. Menth** 4/24/97 813-522-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)