

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90170 018 \*\*\*150.00

DOCUMENT # H55385

1. Corporation Name  
SENSIBLE AIR CONDITIONING, INC.

Principal Place of Business

% JEFFREY NORTH  
1924 S.E. 11 TERR.  
CAPE CORAL FL 33990

Mailing Address

% JEFFREY NORTH  
1924 S.E. 11 TERR.  
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1985

4. FEI Number

59-2532612

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 92255 13 PL  
Suite, Apt. #, etc.

2a. Mailing Address

26 4938 SW 2 Ave  
Suite, Apt. #, etc.

22 UNIT C

27

23 CAPE CORAL FL  
City & State

28 CAPE CORAL FL  
City & State

24 33990 25 USA  
Zip Country

29 33914 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

NORTH, JEFFREY  
1924 S.E. 11 TERR.  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name North, Jeffrey  
82 Street Address (P.O. Box Number is Not Acceptable) 4938 SW 2 Ave  
83  
84 City CAPE CORAL FL 85 Zip Code 33914

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 PST  
NAME NORTH, JEFFREY  
STREET ADDRESS 1924 S.E. 11 TERR.  
CITY-ST-ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST  
1.2 NAME North, Jeffrey  
1.3 STREET ADDRESS 4938 SW 2 Ave  
1.4 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Jeffrey North 4/24/99 9415742921  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0447274