

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H86759 (8)

1. Corporation Name

**JOHNSON'S AIR CONDITIONING AND HEATING OF PINELL
AS COUNTY, INC.**

Principal Place of Business

**2036 CENTRAL AVE
ST. PETERSBURG FL 33712
US**

Mailing Address

**2036 CENTRAL AVE
ST. PETERSBURG FL 33712
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/25/1985

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2599287

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RINEHART, WILLIAM
9050 PARK BLVD.
SUITE #2
SEMINOLE FL 34647**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
RINEHART, WILLIAM
9050 PARK BLVD #2
SEMINOLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
RINEHART, MARIE
9050 PARK BLVD #2
SEMINOLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
VAUGHN, PETER
8960 PARK BLVD.
SEMINOLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**Director & Treasurer
Curt Tingley
1920 Sandra Drive
Clearwater FL 34624** ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

**Vice President & Director
Rick Marks
12650 Gorda Circle East
Largo, FL 34643** ☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Curt Tingley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.95 813 896 3691
Date System Phone #