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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **J44642** **(3)**

1. Corporation Name
EXPERT-AIRE, INC.

Principal Place of Business	Mailing Address
5770 YAHL STREET #102 NAPLES FL 33942	5770 YAHL STREET #102 NAPLES FL 34109-1914

3. Date Incorporated or Qualified: **11/20/1986**
3a. Date of Last Report: **05/29/1996**

2. Principal Place of Business
21: 5710 Shirley St
22: Suite, Apt. #, etc.
23: City & State
24: Zip 34109 Country 25:

2a. Mailing Address
26: 5710 Shirley St
27: Suite, Apt. #, etc.
28: City & State
29: Zip 34109 Country 30:

4. FEI Number: **59-2814013** ☐ 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

LUKOSAVICH, EDWARD D.
10266 ENOCH LANE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Laguna Way
83
84 City: Naples FL 85 Zip Code: 34109

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT ☐ DELETE	1.1 TITLE	CP ☒ Change ☐ Addition
NAME	LUKOSAVICH, EDWARD D.	1.2 NAME	Lukosavich, Edward D.
STREET ADDRESS	10266 ENOCH LANE	1.3 STREET ADDRESS	2121 Laguna Way
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	VS ☐ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	LUKOSAVICH, GAIL F.	2.2 NAME	Lukosavich, Gail F.
STREET ADDRESS	10266 ENOCH LANE	2.3 STREET ADDRESS	2121 Laguna Way
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	Lukosavich, Mathew C.
STREET ADDRESS		3.3 STREET ADDRESS	2830 8th St NW
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 34120
TITLE	☐ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	Lukosavich, Raymond J.
STREET ADDRESS		4.3 STREET ADDRESS	2830 8th St NW
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34120
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added by an attachment with an address.

SIGNATURE: Gail Lukosavich Gail Lukosavich 3/11/97 (941)566-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #