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Apr 29 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 # J49367 (2)

1. Corporation Name
FOUR SEASONS AIR CONDITIONING, INC.

Principal Place of Business

1592 MARKET CIRCLE
UNITS D & E
PORT CHARLOTTE FL 33953
US

Mailing Address

1592 MARKET CIRCLE
P O BOX 3728
PORT CHARLOTTE FL 33953-3835
US

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
06/12/1996

4. FEI Number
59-2758885

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

2. Principal Place of Business

21 1592 Market Circle

Suite, Apt. #, etc.

22 City & State

23 Port Charlotte FL

24 33953

Country

25 USA

2a. Mailing Address

26 1592 Market Circle

Suite, Apt. #, etc.

27 City & State

28 Port Charlotte FL

29 33953

Country

30 USA

9. Name and Address of Current Registered Agent

HAMILTON, GREG

23401 MCNALLY AVE

PUNTA GORDA FL 33980

21504 Circlewood Avenue
Port Charlotte, FL 33952

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME THOMPSON, TAMMY
STREET ADDRESS 1084 STALEY STREET
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PRES
NAME HAMILTON, GREG
STREET ADDRESS 23401 MCNALLY AVENUE - 21504 Circlewood Ave
CITY-ST-ZIP PUNTA GORDA FL - Port Charlotte FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: [Signature]

CR2E034 (9/96)