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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business
STANLEY PAT BENTZ

15 OBSERVATION AVENUE

2. Principal Place of Business

LAKE PLACID FL \$3852

Suite, Apt. #, etc.

City & State

23

24

Zip

J66866

(1)

Mailing Address

% STANLEY PAT BENT2

LAKE PLACID FL 33852

Suite, Apt. #, etc.

2a. Mailing Address

City & State

Zip

26

27

28

29

15 OBSERVATION AVENUE

BENTZ AIR CONDITIONING & APPLIANCES, INC.

Country

g. Name and Address of Current Registered Agent

25

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1987 4. FEI Number Applied For 59-2637617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

**FILED** 

Apr 20 1998 8:00am

Secretary of State

BENTZ, STANLEY PAT	81	Name	
15 OBSERVATION AVE LAKE <b>P</b> LACID FL 33852	82	Street Address (P.O. Box Number is Not Acceptable)	
Date 1 proise 1 prosect	63		
	84	City FL 85 Zip Code	

Country

30

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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 1.1 TITLE TITLE **BENTZ, STANLEY PAT** 1.2 NAME NAME 9 TALL OAKS TRAIL 1.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change DELETE DST 2.1 TITLE TITLE BENTZ, CAROL J. 2.2 NAME NAME 9 TALL OAKS TRAIL 2.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP 2. 4 CiTY - ST - ZiP Addition DELETE ☐ Change 3.1 TITLE TITLE **B**ENTZ, CHARLES J. 3.2 NAME 143 ALDERMAN DRIVE 3.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change \_\_ Addition DELETE **4.1 TITLE** 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

Def DAR

STANLA Pat Renots

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