## 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

DOCUMENT # J83699

SMYTH AIR CONDITIONING, INC.

## FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90015 014 \*\*\*150.00



Principal Place	of Business	Mailing Address			
3718 23RD AVE	8	% WILLIAM P. SMYTH			
LAKE WORTH F		1416 LAKE BASS DRIVE			DO NOT WRITE IN THIS SPACE
US		LAKE WORTH FL 33461			3. Date Incorporated or Qualified
					1 1
		10 1 M Till Address			07/22/1987 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address					
21		26	0.4- 4-14 010		59-2830766   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired Fee Required
22		27			
City & State		City & State	ı ´		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
		28	Zip Country		
Zip	Country	Zip	<b>-</b> '	,	8. This corporation owes the current year Intangible Personal Property Tax.  Yes No
24)	[25]	29 30	0		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81	Name	To. Name and Address of Now Registered Assess
SMYTH, WILLIAM P.			"		
	LAKE BASS DRIVE		82 Street Ad		Address (P.O. Box Number is Not Acceptable)
	WORTH FL 33461	•	83	<del> </del>	र प्राप्त के जिल्ला है। विश्व के प्राप्त के लिए हैं। जिल्ला के लिए हैं। विश्व कि विश्व कि विश्व कि विश्व कि वि
CÁINE	WORTH FL 33401		0	1	[1] [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
			84	City	FI Sp Code
- <del>120-2 - 12-12-12-12-12-12-12-1</del>		2 J COZ 1509 Elorido Stotutos	the abov	e-named	corporation submits this statement for the purpose of changing its registered
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was auti	norizea ov	лие согос	oration's board of directors. I hereby accept the appointment as registered
	n tamıllar with, and accept the obliga	ons of, Section 607.0003, Florid	o Claidic.	3.	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Ro	egistered Age	ent signature n	equired when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	SMYTH, WILLIAM P.		1.2 NAME		
STREET ADDRESS	1416 LAKE BASS DRIVE		1.3 STREE	T ADDRESS	
			1.4 CITY-		
CITY-ST-ZIP TITLE	LAKE WORTH FL VP	DELETE	2.1 TITLE	<del></del>	☐ Change ☐ Addition
	**		2.2 NAME		
NAME	SYMTH, STEVEN C.			ET ADDRESS	
STREET ADDRESS	1409 LAKE GENEVA DRIVE				
CITY-ST-ZIP	LAKE WORTH FL 33461	DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP	☐ Change ☐ Addition
TITLE SOUTH	ST	L'1 NETE IE			,
NAME	SMYTH, TONITA J.		3.2 NAME		
STREET ADDRESS	1416 LAKE BASS DR			ET ADDRESS	1   1   1   1   1   1   1   1   1
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-		☐ Change : ☐ Addition
TITLE	VP ·	☐ DELETE	4.1 TITLE		Fig. 1. And Art 1. And Art Changes 2.4 Discounted to the Analysis of the Analy
NAME	SMYTH, TAMMY L	.*	4. 2 NAME	•	
STREET ADDRESS	1206 WOODCREST ROAD, WI	ST	4.3 STREI	ET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-	ST-ZIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE	VP :	☐ DELETE	5.1 TITLE		(
NAME	SMYTH, KAREN J		5.2 NAME		802 Horan Lakeside Drive Lake Worth FL 334160
STREET ADDRESS	716 N LAKESIDE DR		5.3 STRE	ET ADDRESS	300
CITY-ST-ZIP	LAKE WORTH FL	•	5.4 CITY-	ST-ZIP	Lake work FL 354160
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		ř.	6.2 NAME		
STREET ADDRESS	MASS REAL TO THE PERSON AND THE PERS		6.3 STRE	ET ADDRESS	
SINCE MUUNCOO	****		64 CITY-	ST-7IP	

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: SIGNATURE AND TUPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-4-99 561-533-6066

CR2E034 (11/98)