## 2.10-98 B 2072 C 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 #

J98153

(6)

KENT AIR CONDITIONING SERVICES, INC.					
Principal Place	e of Business	Mailing Address			ON BIBIS DIDII ESDII DIBIS IDBI
% EULA T. KENT 810 68TH STREET TAMPA FL 33619		% EULA T. KENT 610 68TH STREET TAMPA FL 33619		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
9 Principal P	ace of Business	2a. Mailing Address		10/21/1987 4. FEI Number	Applied For
	684h. 51.5		5685		Applied For Not Applicable
Suite. Apt.		26 P.O. Box Suite, Apt. #, etc.	2683	65-0014964	\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State	ida, FL	City & State  28 QWIOA	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 336	19 25 U.S.A	29 33675	Country 30 U.S.A	<ol> <li>This corporation owes or has paid the operation of the personal Property Tax due June 30.</li> </ol>	current year Intangible
	9. Name and Address of Current			10. Name and Address of New Registers	d Agent
KFN	VT, EULA T.		81 Name		-
610 68TH STREET TAMPA FL 33619			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	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, lyped or printed runse of teg-stered agent		Registered Agent signature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
NAME	KENT, RAYMOND D.		1.2 NAME		
STREET ADDRESS	610 68TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-SY-ZIP		
TITLE		DECETE	3.1 TITLE	**************************************	Change Addition
NAME			3.2 NAME		. —
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3.4. City-St-ZiP		•
TITLE		DELETE	4.1 TITLE	The state of the s	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		T St. eye	5.4 CITY-ST-ZIP		Observe Basiley
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	this films door not small for	6.4 CiTY-ST-ZiP	Section 110 07/3Vi) Elected State to 14 miles	coefficient the information
indicated	on this angual report of supplierental	annual report is true and accu	rate and that my signat	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made	under oath; that I am an

Indicated on this annual report of suppliermental 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 allightment with an address.

SIGNATURE:

Kaymand D K

2/5/98

**FILED** 

Feb 16 1998 8:00am

Secretary of State

813-623-2051