

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K85084** (7)

1. Corporation Name

MCGOWIN'S AIR CONDITIONING, INC.



Principal Place of Business

**C/O JOHN C. MCGOWIN
1606 HAMILTON AVENUE
LEHIGH ACRES FL 33936**

Mailing Address

**C/O JOHN C. MCGOWIN
1606 HAMILTON AVENUE
LEHIGH ACRES FL 33936**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

C/O John C. McGowin

Suite, Apt. #, etc.

P.O. Box 2154

27 City & State

LeBelle FL

28 Zip

33935

Country

29

LeBelle

FL

3. Date Incorporated or Qualified

05/03/1989

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0117883

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

**MCGOWIN, JOHN C.
1606 HAMILTON AVENUE
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 signing officer or director)

Address (typed or printed name of signing officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
MCGOWIN, JOHN C.
1606 HAMILTON AVENUE
LEHIGH ACRES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not required for the exemption stated in Section 119.07(3)(k), 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 in power 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:

John C. McGowin **John C. McGowin**

4-25-96 (941) 675-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (12/95)