FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K97222** **(9)**

1. Corporate Name
CLIMATE MASTERS OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
1460 S MCCALL RD S-2D ENGLEWOOD FL 34223	1460 S MCCALL RD S-2D ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0128618** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IZZO, JOHN P.
180 N INDIANA AVENUE
ENGLEWOOD FL

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 Section 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 (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, typed name of Registered Agent must appear below signature) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	VP	01 TITLE	☐ Change ☐ Addition
02 NAME	KING, MICHAEL	02 NAME	
03 STREET ADDRESS	3456 SARTO LN	03 STREET ADDRESS	
04 CITY ST ZIP	ROTONDA FL	04 CITY ST ZIP	
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	PORTER, MICHAEL	06 NAME	
07 STREET ADDRESS	828 E 7 ST	07 STREET ADDRESS	
08 CITY ST ZIP	ENGLEWOOD FL	08 CITY ST ZIP	
09 TITLE	VP	09 TITLE	☐ Change ☐ Addition
10 NAME	EGGER, DAVE	10 NAME	
11 STREET ADDRESS	21011 CASCADE AVE	11 STREET ADDRESS	
12 CITY ST ZIP	PT CHARLOTTE FL	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I FL hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael R. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95
Date

Daytime Phone #

0334234 CR