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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L15304** (3)
1. Corporation Name
STANDARD AIR CONTRACTORS, INC.



Principal Place of Business
**4471 PARKBREEZE CT.
ORLANDO FL 32808**

Mailing Address
**4471 PARKBREEZE CT.
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **2487 CASTLEWOOD RD.** 26 **P.O. Box 300902**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MAITLAND, FL**

28 **FERN PARK, FL**

Zip Country

Zip Country

24 **32751** 25 **USA**

29 **32730** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURLEY, JAMES A
4471 PARKBREEZE CT.
ORLANDO FL 32808**

81 Name

HURLEY, JAMES A.

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

2487 CASTLEWOOD RD.

83

84 City

MAITLAND

FL

85 Zip Code

32751

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]
Signature, typed or printed name of registered agent and title if applicable

JAMES A. HURLEY PRES/GM

(NOTE: Registered Agent signature required when reinstating)

1/8/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **HURLEY, JAMES A**
STREET ADDRESS **4471 PARKBREEZE CT.**
CITY-ST-ZIP **ORLANDO FL 32808**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **(PRES/GM)**
1.3 STREET ADDRESS **JAMES A. HURLEY**
1.4 CITY-ST-ZIP **2487 CASTLEWOOD RD.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE

[Signature]

JAMES A. HURLEY

1/8/98

1/8/98

CR2E034 (10/97)