

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 014 ***150.00

DOCUMENT # L39969

1. Corporation Name

GENERAL AUTO AIR CONDITIONING OF LAKE LAND, INC.

Principal Place of Business

949 S FLORIDA AVE
LAKE LAND FL 33803

Mailing Address

949 S FLORIDA AVE
LAKE LAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1989

4. FEI Number

59-2984775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM N
3730 FEATHER DR
LAKE LAND FL 33813

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☒ DELETE
NAME HUNTER, HARRY
STREET ADDRESS 2427 VIEWWAY
CITY-STATE-ZIP LAKE LAND FL 33810

TITLE VP ☐ DELETE
NAME DAGE, WILLIAM
STREET ADDRESS 404 TWIN LAKE CIRCLE
CITY-STATE-ZIP LAKE LAND FL 33815

TITLE VP ☒ DELETE
NAME JOHNSON, WILLIAM N
STREET ADDRESS 3730 FEATHER DR
CITY-STATE-ZIP LAKE LAND FL 33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS. JOHNSON, WILLIAM N. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3730 FEATHER DR
1.4 CITY-STATE-ZIP LAKE LAND FL 33813

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Note!! DAGE instead DAGE
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-99 941-686-1571
Date
Telephone #

CR2E034 (11/98)