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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L60265**

1. Corporation Name
BENSON & BENSON AIR CONDITIONING SERVICE, INC.

Principal Place of Business	Mailing Address
8934 PALM TREE LANE PEMBROKE PINES FL 33024-4612 US	8934 PALM TREE LANE PEMBROKE PINES FL 33024-1612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/21/1990

2. Principal Place of Business	2a. Mailing Address
21 8810 N.W. 3 St.	26 8810 N.W. 3 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PINES, FL	28 City & State: PEMBROKE PINES, FL
24 Zip: 33024-6509 25 Country: BROWARD	29 Zip: 33024-6509 30 Country: BROWARD

4. FEI Number: 65-0182951 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENSON, JOHN A.
8934 PALM TREE LANE
PEMBROKE PINES FL 33024-4612

10. Name and Address of New Registered Agent

81 Name: JOHN A. BENSON
82 Street Address (P.O. Box Number is Not Acceptable): 8810 N.W. 3 St.
83
84 City: PEMBROKE PINES, FL **FL** 85 Zip Code: 33024-6509

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: John A. Benson John A. Benson 1-24-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSON, JOHN A. 8934 PALM TREE LANE PEMBROKE PINES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D, P, T BENSON, JOHN A. 8810 N.W. 3 St. PEMBROKE PINES, FL 33024-6509	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: John A. Benson SIGNATURE REQUIRED John A. Benson 1/24/99 954-450-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #