

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 # L89337

(4)

1. Corporation Name

NEMETH AIR CONDITIONING, INC.



Principal Place of Business

8720 ALICO RD  
SUITE 4  
FT MYERS FL 33912  
US

Mailing Address

8720 ALICO RD  
SUITE 4  
FT MYERS FL 33912  
US

3. Date Incorporated or Qualified  
07/23/1990

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0209896

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

10. Name and Address of New Registered Agent

NEMETH, KATHLEEN M  
8381 GROVE RD  
FT MYERS 33912

81 Name

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

17450 Caloosa Trace Circle

83

84 City Fort Myers

FL

85 Zip Code 33912

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

Kathleen M. Nemeth

3-2-96

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	DELETED
P	NEMETH, MARK J	8381 GROVE RD	FT MYERS FL	<input type="checkbox"/>
V	NEMETH, KATHLEEN M	8381 GROVE RD	FT MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. 1 TITLE	2. 1 TITLE	3. 1 TITLE	4. 1 TITLE	5. 1 TITLE	6. 1 TITLE
12 NAME	17450 Caloosa Trace Circle	17450 Caloosa Trace Circle			
13 STREET ADDRESS	Fort Myers, FL 33912				
14 CITY - ST - ZIP					
2. 1 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
3. 1 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
4. 1 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
5. 1 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
6. 1 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY - ST - ZIP					

14. I do 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)(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 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:

Kathleen M. Nemeth

3-2-96

941/267-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)