

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13713 (5)
1. Corporation Name
TRI-COUNTY AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 687 STUART FL 34995-0687

3. Date Incorporated or Qualified **03/05/1986** 3a. Date of Last Report **08/29/1995**
4. FEI Number **59-2656088** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

MEHAL, MICHAEL J
1335-A N.W. ST. LUCIE WEST BLVD.
STE. 202
PORT ST. LUCIE FL 34986

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Curtis Sammons* *Curt Sammons* **2/6/96**
Signature, typed or printed name of registered agent and title if applicable (NOT a Registered Agent; signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE ☒ DELETE
NAME **PD MEHAL, MICHAEL**
STREET ADDRESS **1335-A NW ST. LUCIE WEST BLVD. #202**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**
TITLE ☒ DELETE
NAME **VPD SAMMONS, CURTIS**
STREET ADDRESS **1615 SE VILLAGE GREEN DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**
TITLE ☒ DELETE
NAME **TD KREEBS, RICHARD**
STREET ADDRESS **408 SW DIXIE HIGHWAY**
CITY-ST-ZIP **VERO BEACH FL 32962**
TITLE ☐ DELETE
NAME **D FLYNN, BRIAN**
STREET ADDRESS **1323 SW THELMA ST.**
CITY-ST-ZIP **PALM CITY FL 34990**
TITLE ☒ DELETE
NAME **D ROTT, JIM**
STREET ADDRESS **605 3RD PLACE**
CITY-ST-ZIP **VERO BEACH FL 32962**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD SAMMONS, Curtis**
1.3 STREET ADDRESS **1615 Village Green Dr.**
1.4 CITY-ST-ZIP **Port St. Lucie FL 34952**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VPD KREEBS, Richard**
2.3 STREET ADDRESS **408 SW Dixie Hwy.**
2.4 CITY-ST-ZIP **Vero Beach FL 32962**
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD MEHAL, MICHAEL**
3.3 STREET ADDRESS **1335-A NW St. Lucie West Blvd #202**
3.4 CITY-ST-ZIP **Port St. Lucie FL 34986**
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D FLYNN, Brian Joe**
4.3 STREET ADDRESS **1323 SW Thelma St.**
4.4 CITY-ST-ZIP **PALM City FL 34990**
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Bergen, Marie**
5.3 STREET ADDRESS **1790 NW Federal Hwy**
5.4 CITY-ST-ZIP **STUART, FL 34994**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Curt Sammons* **CURTIS SAMMONS** **2/20/96** **(407)** **335-3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #

CR2E037 (12/95)