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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N13713

(5)

TRI-COUNTY AIR CONDITIONING CONTRACTORS ASSOCIAT

ION, INC. Principal Place of Business Mailing Address P.O. BOX 687 PO BOX 687 STUART FL 34995-0687 STUART FL 34995-0687 3a. Date of Last Report 3. Date Incorporated or Qualified 03/05/1986 03/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2656088 Not Applicable 26 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Country Ζiρ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XX No Florida Statutes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RIGHARDXHRERS KREBS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 408 S.W. Dixie Highway MEHAL, MICHAEL J 82 1335-A N.W. ST. LUCIE WEST BLVD. 63 STE. 202 <u>XIESTOS XIBIESTOS IN XXXXXII XXXXXX BRANCA</u> PORT ST. LUCIE FL 34986 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1509 Plorida 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. Section 617.0503, Florida Statutes. Richard Krebs Februa<u>ry 4, 199</u>7 SIGNAT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ■ Addition TITLE ■ DELETE 1.1 TITLE KREBS / RICHARD SAMMONS, CURTIS 1.2 NAME NAME 408 S.W. DIXIE HIGHWAY 1615 VILLAGE GREEN DR 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH, FL. 32962 CITY-ST-ZIP PORT ST LUCIE FL 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE VPD TITLE KREEBS, RICHARD 2.2 NAME FLYNN, JOE NAME 1323 S.W. THELMA STREET 408 SW DIXIE HWY 2.3 STREET ADDRESS STREET ADDRESS PALM CITY, FL. 34990 VERO BEACH FL CITY - ST- ZIP 2. 4 CITY-ST-ZIP DELETE ___ Change **Addition** 9.1 TITLE TITLE BAKER, CHARLES NAME MEHAL, MICHAEL 3.2 NAME P.O. BOX 1426 N/A 1335-A NW ST. LUCIE WEST BLVE. #202 3.3 STREET ADDRESS STREET ADDRESS PALM CITY, FL. 34990 PORT ST LUCIE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP X DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME MEHAL, MICHAEL FLYNN, BRIAN NAME 1323 SW THELMA ST. 4.3 STREET ADDRESS 1335A N.W. ST. LUCIE WEST BLVD. #202 STREET ADDRESS PALM CITY FL 34990 4.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34986 CITY - ST - ZIP DELETE X Change Addition 5.1 TITLE TITLE FLYNN, JOE 5.2 NAME NAME SAMMONS, CURTIS 5.3 STREET ADDRESS 1323 SW THELMA ST STREET ADDRESS 1615 VILLAGE GREEN DR. 5.4 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL PORT ST. LUCIE, FL. 34952 DELETE Change Addition 6.1 TETLE TITLE 6.2 NAME ROTT, JAMES NAME BERGEN, MARIE 605 3RD PLACE 6.3 STREET ADDRESS STREET ADDRESS 1790 NW FEDERAL HWY

14. I do hereby certify that the information supplied with this filling 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 condition or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged in on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

REQUIREDRICHARD KREBS, Pres

VERO BEACH, FL. 32962

FILED

Feb 17 1997 8:00am

Secretary of State