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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003045 (0)

1. Corporation Name

GULF COAST AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

5520 DIVISION DRIVE
FT. MYERS FL 33905

Mailing Address

5520 DIVISION DRIVE
FT. MYERS FL 33905

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P. O. Box 7145

27

Suite, Apt. #, etc.

22

City & State

27

Fort Myers, FL

23

Zip

Country

28

Zip

33911

Country

24

9. Name and Address of Current Registered Agent

GLENNON, JAMES J
5520 DIVISION DRIVE
FT. MYERS FL 33905

4. FEI Number

65-0583348

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 ☒

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

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 D ☐ DELETE

NAME GLENNON, JAMES J
STREET ADDRESS 5520 DIVISION DRIVE
CITY - ST - ZIP FT. MYERS FL 33905-5012

TITLE D ☐ DELETE

NAME COLE, JOHN
STREET ADDRESS 7990 MERCANTILE ST.
CITY - ST - ZIP N. FT. MYERS FL 33917

TITLE D ☐ DELETE

NAME BOYD, EDWARD
STREET ADDRESS 2480 HIGHLANDS ROAD
CITY - ST - ZIP PORT CHARLOTTE FL 33983-2742

TITLE D ☐ DELETE

NAME COLE, PAMELA
STREET ADDRESS 7990 MERCANTILE ST.
CITY - ST - ZIP N. FT. MYERS FL 33917

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE VPD ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE TD ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE SD ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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, changed, or on an attachment with an address.

SIGNATURE:

James J. Glennon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5/17/96 941
694-8300

CR2E037 (12/95)