

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002046 (7)

1. Corporation Name

MANASOTA AIR CONDITIONING CONTRACTORS ASSOCIATIO
N, INC.

Principal Place of Business

Mailing Address

P O BOX 519
ONECO FL 34264

P O BOX 519
ONECO FL 34264



3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-012727

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEHLE, PAUL
2212 WHITFIELD PARK LOOP
SARASOTA FL 34243

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME STEHLE, PAUL
STREET ADDRESS 2212 WHITFIELD PARK LOOP
CITY-ST-ZIP SARASOTA FL 34243

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☒ DELETE

NAME DEANTHONY, JOHN
STREET ADDRESS 2250 ASPINWALL ST
CITY-ST-ZIP SARASOTA FL 34237

2.1 TITLE VD ☐ Change ☒ Addition

TITLE STD ☐ DELETE

NAME JORGENSEN, SCOTT
STREET ADDRESS 7110 32 AVE E
CITY-ST-ZIP BRADENTON FL 34208

2.2 NAME VD
2.3 STREET ADDRESS Schultz, Tom
2.4 CITY-ST-ZIP 400 S. Seaboard Ave.
Venice, FL 34292

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.3 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.4 TITLE ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 recorder 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

Scott E. Jorgensen

4/20/98 (qu.) 758-3082

CR2E037 (1097)