Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90001 007 \*\*\*150.00

## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT: " CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000022148

1. Corporation Name

SERVICE EXPERTS OF ORANGE PARK, INC.

}					
Principal Place	of Business	Mailing Address		1 (1001/49) (50 (0)/20 (5)() 60/11 60/11 60/11	# 41818 14281 14841 BIRRI 1611 1661
170A SOUTH INDUSTRIAL LOOP 170A SOUTH INDUSTRIAL L ORANGE PARK FL 32073 ORANGE PARK FL 32073		OOP			
ORANGE PARK FL 32073 ORANGE PARK FL 32073			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
				03/19/1993	·
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0394876	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	~ ~\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29	Ō	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
81 Name X					
EMRICK, JOHN M				ress (P.O. Box Number & Not Acceptable)	
170A SOUTH INDUSTRIAL LOOP			$\perp$ 233	1 Whitfield Ind.	Was
ORA	NGE PARK FL 32073		83		/
 			84 City Q	i psota F	85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.		D DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12.
TITLE	P	☐ DELETE	1.1 TITLE S.T. D	Kuthleen Nam!	Change Addition
NAME	EMRICK, JOHN M	•	1.2 NAME	my - 2 rd Ave &	
STREET ADDRESS	4111 72ND AVENUE E.		1.3 STREET ADDRESS	7) 10000	
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP	4111 72 Pd Ave E. Sannsota FL 34243	
TITLE	V	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINTZ, TERRY		2.2 NAME		{
STREET ADDRESS	3549 OAK GROVE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		2.4 CITY-ST-ZIP	in the second of	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		

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 receiver or frustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

0.5

B. William Co.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Daytime Phone #

Change

☐ Addition