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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

Principal Place of Business

DOCUMENT # P93000027898 (4)

Mailing Address

CHILLY BEAR AUTO AIR INC.

6254 147TH AVENUE NORTH 6254 147TH AVENUE NORTH CLEARWATER FL 34620-2300 **CLEARWATER FL 34620** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1996 04/14/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3184811 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Zip Country 2ีเถ This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MILLER, CHRISTOPHER 8441 PORTULACA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34647 B3** 84 City 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 Fiorida. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE MILLER, CHRISTOPHER NAME 1.2 NAME 8441 PORTULAÇA AVE. 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34647** CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Channe Addition TITLE HAWKER, DONALD 2.2 NAME NAME 11177 OAKHAVEN DRIVE 2.3 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 34666 2. 4 CHY-ST-ZIP CI1Y-ST-2IP TITLE DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP

14. I do 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

Chris Miller Presiden

DELETE

DELETE

DELETE

FILED

Feb 21 1997 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition