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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

5-3-02 941,592,0900

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054307 (2)

AUTO AIR OF NAPLES, INC.

Principal Place of Business Mailing Address 5830 HOUCHIN STREET 5830 HOUCHIN STREET BUILDING B BUILDING B NAPLES FL 33942 NAPLES FL 34109-1904 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. EEL Number Applied For 65-0429950 5881 Shirley 5881 Shirley St Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Naples Naples 28 Trust Fund Contribution Added to Fees Country Country **ч**ち 8. This corporation has liability for intangible tax under s. 199.032, 34109 Yes No 45 25 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORZINE, GEORGE S JR **5830 HOUCHIN STREET** 82 Street Address (P.O. Box Number is Not Acceptable) BLDG. B 83 NAPLES FL 33942 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 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. Corzine JK ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) DELETE Change Addition TITLE 1.1 TITLE CORZINE, GEORGE S JR Carzine, George S. Jr 1.2 NAME 5700 HOUCHIN ST BLDG 3 Shirley St. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33940 Naples FL. 34109 CITY-ST-ZIP 1.4 CITY-SI-ZIP ☐ DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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