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FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008061 (1)

1. Corporation Name
ADCS/AIR DUCT CLEANING SYSTEMS, INC.



Principal Place of Business

185 SOUTH JACKSON ROAD
VENICE FL 34292
US

Mailing Address

185 SOUTH JACKSON ROAD
VENICE FL 34292-4101
US

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 605 E. VENICE AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 205 SEABOARD AVE S.

Suite, Apt. #, etc.

4. FEI Number

65-0477809

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

23

City & State
VENICE, FL.

Zip

34292

Country

25 SARASOTA

27

City & State
VENICE, FL.

Zip

34292

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
185 SOUTH JACKSON ROAD
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
205 SEABOARD AVE S.

83

84 City
VENICE,

FL

85 Zip Code
34292

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. OFFICERS AND DIRECTORS

TITLE P
NAME CURRY, WARD E. JR.
STREET ADDRESS 1737 E. VENICE AVE
CITY-ST-ZIP VENICE FL 34292

☐ DELETE

TITLE S
NAME WOELFER, LARRY
STREET ADDRESS 230 HIGH POINT DRIVE
CITY-ST-ZIP VENICE FL 34292

☐ DELETE

TITLE T
NAME HARN, JAMES A.
STREET ADDRESS 105-A LOUELLA LANE
CITY-ST-ZIP NOKOMIS FL 34275

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

Date

941-488-9671

Daytime Phone #

CR2E034 (9/96)