

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 PM 1:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000022770 (9)

1. Corporation Name

RELIABLE AIR CONDITIONING OF SW FL. INC.

Principal Place of Business

Mailing Address

**18210 PAULSON DR.
PORT CHARLOTTE FL 33948**

**18210 PAULSON DR.
PORT CHARLOTTE FL 33948**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/24/1994

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 825 NW CALVERT AVE

26 825 NW CALVERT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PORT CHARLOTTE, FL

28 PORT CHARLOTTE, FL

Zip

Country

Zip

Country

24 33948

25

29 33948

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**HURLEY, JOHN
18210 PAULSON DRIVE
PORT CHARLOTTE FL 33948**

81 Name

JOHN HURLEY

82 Street Address (P.O. Box Number is Not Acceptable)

825 NW CALVERT AVE

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33948

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

JOHN HURLEY

DATE

4-26-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HURLEY, JOHN
STREET ADDRESS	P.O. BOX 9117 (N/A)
CITY - ST - ZIP	PORT CHARLOTTE FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	D	☒ Change ☐ Addition
12 NAME	HURLEY, JOHN	
13 STREET ADDRESS	825 NW CALVERT AVE	
14 CITY - ST - ZIP	PORT CHARLOTTE FL 33948	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 incorrect, or on an attachment with an address.

SIGNATURE:

JOHN HURLEY

4-26-95 (813) 624-5515

Date

Signature (Print Name)