

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90264 036 ***150.00

DOCUMENT # P94000069086

1. Corporation Name

GLACIER AIR CONDITIONING OF PALM BEACH, INC.

Principal Place of Business

6043 ROYAL BIRKDALE DR.
LAKE WORTH FL 33463

Mailing Address

4781 NORTH CONGRESS AVE.
#247
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

4. FEI Number

65-0523429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 650 INDUSTRIAL WAY

Suite, Apt. #, etc.

22 SUITE B

City & State

23 BOYNTON BEACH, FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 650 INDUSTRIAL WAY

Suite, Apt. #, etc.

27 SUITE B

City & State

28 BOYNTON BEACH, FL

Zip

29 33426

Country

30 USA

9. Name and Address of Current Registered Agent

THOMPSON, PAMELA L
6043 ROYAL BIRKDALE DRIVE
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

DAVID C. THOMPSON

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

650 INDUSTRIAL WAY SUITE B

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33426

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

DAVID C. THOMPSON

03/02/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PS

THOMPSON, DAVID C.

650 INDUSTRIAL WAY SUITE B

BOYNTON BEACH, FL 33426

VT

THOMPSON, PAMELA L.

650 INDUSTRIAL WAY SUITE B

BOYNTON BEACH, FL 33426

☒ Change ☐ Addition

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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 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, with all other like empowered.

SIGNATURE:

DAVID C. THOMPSON

03/02/99

561-588-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)