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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080268 (3)

WARD'S AIR CONDITIONING & APPLIANCES INC.

Principal Place of Business 5624 35 AVE NORTH ST PETERSBURG FL 33710 Mailing Address

5624 35 AVE NORTH ST PETERSBURG FL 33710

FILED May 14 1997 8:00am Secretary of State



22 City & State City & State 6. Election Campaign Financing \$	Applied For Not Applicable .75 Additional see Required 5.00 May Be dded to Fees nder s. 199.032.
21 297 Mystic Lake Dr. 26 297 Mystic Lake Dr. 59-3289962 Suite, Apt #, etc. City & State City & State City & State Zip Country 24 33702 25 U.S.H. 29 33702 30 U.S.H. 610 Horizontal Status Desired WARD, SCOTT M 5624 35 AVE NORTH ST PETERSBURG FL 33710 Suite, Apt. #, etc. City & State Country Country Country Florida Statutes Trust Fund Contribution A Trust Fund Contribution A Florida Statutes Yes [] No 9. Name and Address of Current Registered Agent WARD, SCOTT M 5624 35 AVE NORTH ST PETERSBURG FL 33710	Not Applicable .75 Additional fee Required 5.00 May Be dded to Fees nder s. 199.032.
Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State City & State Trust Fund Contribution A Country Country Name and Address of Current Registered Agent WARD, SCOTT M 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution A Country 8. This corporation has liability for intangible to the reliable to the rel	.75 Additional see Required 5.00 May Be dded to Fees nder s. 199.032.
22 27 5. Certificate of Status Desired F City & State City & State City & State Trust Fund Contribution A Zip Country Country Country Country A 24 33702 25 U.S.I.F. 29 33702 30 U.S.I.F. Finited Statutes Yes I No 9. Name and Address of Current Registered Agent Name Scott Members of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Country Country Country Country Country Country Street Address (P.O. Box Number is Not Acceptable) Country Country Country Country Country Country Country Street Address (P.O. Box Number is Not Acceptable) Country Country	5.00 May Be dded to Fees nder s. 199.032.
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WARD, SCOTT M 5624 35 AVE NORTH ST PETERSBURG FL 33710 81 Name Lact Scott M 82 Street Address (P.O. Box Number is Not Acceptable) 2 9 7 MUStic Lake	
5624 35 AVE NORTH ST PETERSBURG FL 33710 B2 Street Address (P.O. Box Number is Not Acceptable) A 9 7 MUSTIC AKE	
ST PETERSBURG FL 33710 297 MUSTIC Lake	_
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	DC
84 City St Peters burg FL 85	Zip Code 33202
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 change of confidence 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ging its registered
SIGNATURE Scott M Ward Scott M. WARD (President) 4/28/97	
Signature typed or priced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
NAME WARD, SCOTT M STREET ADDRESS 5624 35 AVE NORTH L DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 297 MYSTIC Lake Drive	
STREET ADDRESS 5624 35 AVE NORTH 13 STREET ADDRESS 297 Mystic Lake Drive	2
CITY-SI-78 ST PETERSBURG FL 14 CITY-ST-28 St Peters burg 74	33702
TITLE VP DELETE 2.1 TITLE C	hange Addition
NAME JOHNSON, DIAL C. 22 NAME	
STREET ADDRESS 6368 NORTH 38TH AVE 23 STREET ADDRESS	
CHY-ST-ZIP ST PETERSBURG FL 2.4 CHY-ST-ZIP	
TILE \$ DELETE 3.1 TITLE	hange Addition
NAME BRYANT, SCOTT D. 32 NAME	
STREET ADDRESS 3910 53RD AVE N 3.3 STREET ADDRESS	
CITY ST - ZIP ST PETERSBURG FL 3.4. CITY - ST - ZIP	
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TITLE DELETE 6.1 TITLE	hange 🔲 Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
City S1- ZIP 6.4 CITY-S1- ZIP 6.4 CITY-S1- ZIP 1.14. Lido 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 certif	,,

I. 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

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

co Pro

- 4/28/97 527-4

time Phone #