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May 14 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 # P94000080268 (3)

1. Corporation Name

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



2. Principal Place of Business

21 297 Mystic Lake Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 297 Mystic Lake Dr.
Suite, Apt. #, etc.

City & State

23 1 ST. Petersburg FL
Zip Country

City & State

28 ST Petersburg FL
Zip Country

24 33702

25 U.S.A.

29 33702

30 U.S.A.

9. Name and Address of Current Registered Agent

WARD, SCOTT M
5624 35 AVE NORTH
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3289962

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

10. Name and Address of New Registered Agent

81 Name

Ward Scott M

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

297 Mystic Lake Dr

83

84 City

St Petersburg FL

85 Zip Code

33702

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

Scott M. Ward

Scott M. WARD (President)

4/28/97

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WARD, SCOTT M
STREET ADDRESS 5624 35 AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE VP ☐ DELETE
NAME JOHNSON, DIAL C.
STREET ADDRESS 6366 NORTH 38TH AVE
CITY-ST-ZIP ST PETERSBURG FL

TITLE S ☒ DELETE
NAME BRYANT, SCOTT D.
STREET ADDRESS 3910 53RD AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME WARD, Scott M
1.3 STREET ADDRESS 297 Mystic Lake Drive
1.4 CITY-ST-ZIP St Petersburg FL 33702

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
Scott M. WARD President 4/28/97 (B13) 527-4260

Date

Daytime Phone #

CR2E034 (9/96)