

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90008 042 ***550.00

DOCUMENT # P94000080268

Corporation Name

WARD'S AIR CONDITIONING & APPLIANCES INC.

Principal Place of Business

7 MYSTIC LAKE DR
PETERSBURG FL 33702

Mailing Address

297 MYSTIC LAKE DR
ST PETERSBURG FL 33710
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

10/28/1994

4. FEI Number

59-3289962

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WARD, SCOTT M
297 MYSTIC LAKE DR
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	P	<input type="checkbox"/> DELETE
NAME	WARD, SCOTT M	
STREET ADDRESS	297 MYSTIC LAKE DR	
ST-CITY	ST PETERSBURG FL	
	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DIAL C.	
STREET ADDRESS	6366 NORTH 38TH AVE	
ST-CITY	ST PETERSBURG FL	
	S	<input checked="" type="checkbox"/> DELETE
NAME	BETTS, R C	
STREET ADDRESS	4255 W HUMPHREY ST APT 1423	
ST-CITY	TAMPA FL 33617	
		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
ST-CITY		
		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
ST-CITY		
		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
ST-CITY		

1.1 TITLE	VP
1.2 NAME	Thomas R. Rochette
1.3 STREET ADDRESS	5620 92 Ave N.
1.4 CITY-ST-ZIP	Pinellas PARK FL 33782
2.1 TITLE	S
2.2 NAME	Nick J. Pagano
2.3 STREET ADDRESS	7950 PARK BLVD #63
2.4 CITY-ST-ZIP	Pinellas Park FL 33781
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	

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

8/15/99

(727)527-4250

CR2E034 (5/99)