

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089541 (4)

1. Corporation Name

AL'S AUTO AIR & ELECTRIC, INC.



Principal Place of Business

3811 FOWLER STREET
FORT MYERS FL 33901

Mailing Address

3811 FOWLER STREET
FORT MYERS FL 33901

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0434548

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

9. Name and Address of Current Registered Agent

HICKMAN, ALTON LEE JR.
3811 FOWLER STREET
FORT MYERS FL 33901

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

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 or officer if applicable

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME HICKMAN, ALTON LEE JR ☐ DELETE
STREET ADDRESS 7587 MARX DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE D
NAME HICKMAN, ALTON LEE JR ☐ DELETE
STREET ADDRESS 7587 MARX DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. PVST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PVST
12 NAME HICKMAN, ALTON LEE JR ☐ Change ☐ Addition
13 STREET ADDRESS 3401 WINKLER AV. EXT. APT 114
14 CITY-ST-ZIP FORT MYERS, FL 33916

21 TITLE D
22 NAME HICKMAN, ALTON LEE JR ☐ Change ☐ Addition
23 STREET ADDRESS 3401 WINKLER AV. EXT. APT 114
24 CITY-ST-ZIP FORT MYERS, FL 33916

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 119.07(3)(k), 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:

Alton Lee Hickman Jr 4/19/96 941 9392484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)