PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000089541

Country

9. Name and Address of Current Registered Agent

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HICKMAN, ALTON LEE JR.

3811 FOWLER STREET FORT MYERS FL 33901

1. Corporation Name

City & State

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AL'S AUTO AIR & ELECTRIC, INC.

Principal Place of Business	Mailing Address	Ì
3811 FOWLER STREET FORT MYERS FL 33901	3811 FOWLER STREET FORT MYERS FL 33901	
		3.
Principal Place of Business	2a. Mailing Address	4.
21	26	
Suite, Apt. #, etc	Suite, Apt. #, etc.	5.

Zip

29

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90135 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed 12/09/1994 El Numbe Applied For 65-0434548 Not Applicable \$8.75 Additional Certifcate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes the current year Intangible Yes □No Personal Property Tax. Name and Address of New Registered Agent

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.

83

Country

81 Name

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

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Ager I signature redi	ured when reinstating) DATÉ	_
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
TITLE	PVST DELETE	11 TITLE	Change	Addition
NAME	HICKMAN, ALTON LEE JR	1.2 NAME		
STREET ADDRESS	3401 WINKLER AVE. EXT. APT. 114	13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZiP		
TITLE	D DELETE	2: TITLE	Change	Addition
NAME	HICKMAN, ALTON LEE JR	2.2 NAME		
STREET ADDRESS	3401 WINKLER AVE. EXT., APT. 114	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CHTV+ST+ZIP		
TITLE	DELETE	3 ' TVT.F	Change ]	Addition
NAME		32 NAME		
STREET ADDRESS		3.5 STREET ADDRESS		
CITY-ST-ZIP_		3.4 CITY-ST-ZIP		
TITLE	(_) DELETE	4 1 TITLE	Change	Addition
NAME		4 2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE	Change	Addition
NAME		S 2 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	61 TITLE	☐ Change ☐	Addition
NAME		6 2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY, ST. 7IP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filting 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR L. HICKMAN 3/15/99 (941)939-7948

CR2E034 (11/98)