

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # P95000004427 (7)

1. Corporation Name

AIRDEX AIR CONDITIONING CORPORATION



Principal Place of Business

2901 44TH AVE N
ST PETERSBURG FL 33714

Mailing Address

2901 44TH AVE N
ST PETERSBURG FL 33714

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

4. FEI Number

59-3291297

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

10. Name and Address of New Registered Agent

GLENNON, JAMES J
5520 DIVISION DR
FT MYERS FL 33905-5026

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 for this statement

Signature, typed or printed name of registered agent for this statement

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	LEWIS, THOMAS H JR	
STREET ADDRESS	2701 GRANT AVE	
CITY-ST-ZIP	PHILADELPHIA PA 19114	
TITLE	D	DELETE
NAME	SAUTTER, WILLIAM R	
STREET ADDRESS	2701 GRANT AVE	
CITY-ST-ZIP	PHILADELPHIA PA 19114	
TITLE	D	DELETE
NAME	LEWIS, JEAN M	
STREET ADDRESS	2701 GRANT AVE	
CITY-ST-ZIP	PHILADELPHIA PA 19114	
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	GLENNON, JAMES J		
1.3 STREET ADDRESS	5520 DIVISION DR		
1.4 CITY-ST-ZIP	FORT MYERS FL 33905-5026		
2.1 TITLE	V	Change	Addition
2.2 NAME	FREEMAN, N BRENT		
2.3 STREET ADDRESS	400 S SEABOARD AVENUE		
2.4 CITY-ST-ZIP	VENICE, FL 34292		
3.1 TITLE	S	Change	Addition
3.2 NAME	WEAVER, ANN		
3.3 STREET ADDRESS	400 S. SEABOARD AVENUE		
3.4 CITY-ST-ZIP	VENICE, FL 34292		
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 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:

Ann Weaver ANN WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (941) 488-9633

DATE TIME PHONE

CR2E034 (12/95)