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FILED

Mar 03 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 # 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 33714-3803



3. Date Incorporated or Qualified 01/18/1995  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business  
21 9292 49th Street N.  
Suite, Apt. #, etc.  
22 City & State  
23 Pinellas Park, Florida  
Zip Country  
24 33782 25 Pinellas 29 33782 30 Pinellas

4. FEI Number 79-3291297  
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

GLENNON, JAMES J  
5520 DIVISION DR  
FT MYERS FL 33905-5028

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, THOMAS H JR	
STREET ADDRESS	2701 GRANT AVE	
CITY - ST - ZIP	PHILADELPHIA PA 19114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUTTER, WILLIAM R	
STREET ADDRESS	2701 GRANT AVE	
CITY - ST - ZIP	PHILADELPHIA PA 19114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JEAN M	
STREET ADDRESS	2701 GRANT AVE	
CITY - ST - ZIP	PHILADELPHIA PA 19114	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GLENNON, JAMES J.	
STREET ADDRESS	5520 DIVISION DR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, N. BRENT	
STREET ADDRESS	400 S. SEABOARD AVENUE	
CITY - ST - ZIP	VENICE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, ANN	
STREET ADDRESS	400 S. SEABOARD AVENUE	
CITY - ST - ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *N. Brent Freeman* N. Brent Freeman 2/24/97 (941) 488-9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)